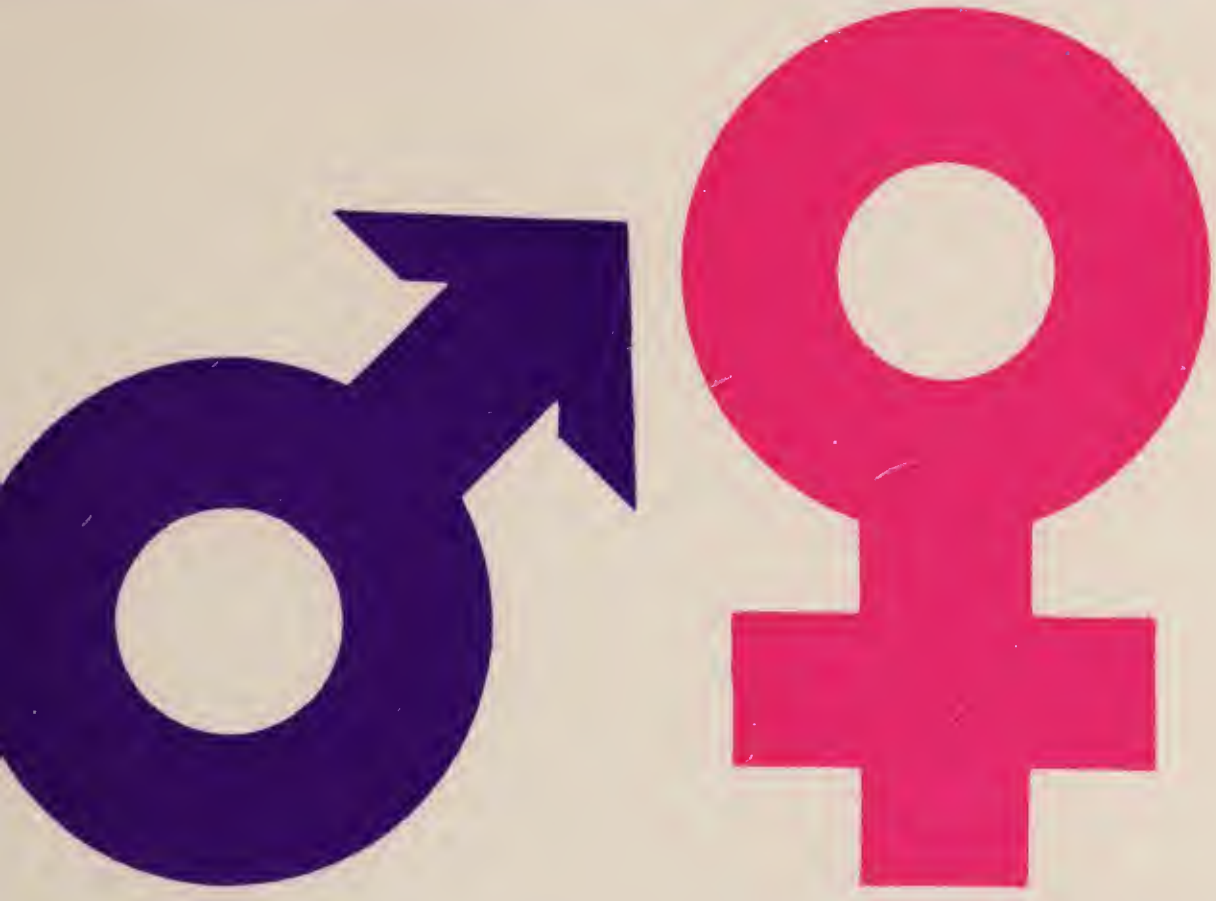
Teesside 1972

Aspects of Community Health



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Contents

Introduction

In Teesside Health Department, as in other Health Departments throughout the country, 1972 was the year in which the imminent reorganisation of the National Health Service began to make considerable demands on the staff. Senior Officers became members of both the North Region and the Cleveland Area Joint Liaison Committees, and several other department personnel served on working parties established by these committees. A new post of Reorganisation Co-ordinator was created and filled in November. It must be stressed, however, that the involvement of so many in 'reorganisation' in no way interrupted the normal work of the department, and much progress in many spheres of activity was made during the year.

The Research Unit continued to play a vital part both by monitoring the health status of the community and by investigating the effectiveness of the health care system. Data collection began in two major surveys into the effects of atmospheric pollution on health and the incidence of coronary heart disease. For the latter, a project co-ordinator and four nurses were appointed and trained. A study of infant mortality was completed, and revealed a marked gradient in infant death rates from inner urban areas to the suburbs. Other surveys undertaken by the unit have suggested that this gradient is not peculiar to infant mortality, but that the general health status of the community varies greatly with demographic area. This problem, which is particularly pertinent to the allocation of resources, is to be investigated further. Help is already being taken to the 'downtown' dwellers by the use of the Landliner van, purchased in 1971. This is taken regularly to the poorer areas of Teesside and every home is visited. Immunisation may be given 'on the spot' and appointments for further treatment, or arrangements for visits by social workers, housing officials, etc. are also made. It was invaluable during the immunisation campaign which followed the confirmation of a case of diphtheria in Middlesbrough, it was used during a recruitment campaign for nurses and has acted as a health education advice centre. The provision of health education is becoming an important part of the community health services. Accordingly, the health education section of the department is being developed and one step in this direction was the appointment, in September 1972, of a Senior Health Education Officer.

During the year, the vacancies for a Divisional Nursing Officer and an Area Nursing Officer were filled, thus completing the nurse management structure. As anticipated in the 1971 report, involvement of nursing officers in hospital liaison increased and proved valuable to both the community and the hospital services. Liaison with the social services was expanded, and a new liaison with the nursing staff and welfare officers of the British Steel Corporation was established.

A most important development in July, 1972, was the assumption by the Teesside Health Department of full responsibility for the provision of a direct Family Planning Service. All existing clinics were maintained, and much expansion and improvement were effected. Wide publicity led to a substantial increase in patient attendances at clinics, and advice was taken into maternity hospitals, welfare clinics, doctors' surgeries and homes by counselling nurses. Programmes for the education of the public, in particular of school children, and the training of nursing and medical staff in Family Planning techniques were initiated. In Family Planning, as in so many aspects of community health, liaison with hospitals and family doctors has proved all important, and a high level of co-operation was achieved during the year.

The extensive health centre programme was further advanced in 1972. Building of the Middlesbrough and Redcar centres progressed and construction of the health centre in Stockton began in October. In order that health centres may function efficiently, they must have effective management, and this is to be provided in Teesside by management committees led by health centre managers. The manager for Middlesbrough centre was appointed during 1972, and a steering committee comprising representatives of several disciplines was formed and began a series of monthly meetings.

In this introduction, only some of the many projects undertaken and the progress made in the Teesside Health Department throughout 1972 have been outlined. Perusal of the whole report will, it is hoped, give the reader a more complete picture of the efforts made during the year to achieve the constant aim of this department—the provision of a progressively improving and dynamic care system for the people of Teesside.

Acknowledgements

The scope of the work of any local authority department necessarily depends on the vision of the Council Committee to which it is answerable. In 1972, as in previous years, Teesside Health Department was fortunate in having the support of an enlightened and enthusiastic Health Committee. Without the encouragement and help afforded by the Chairman, Councillor D. A. Biewer, SRN, RMN, and the members, the progress made by this department during 1972 would not have been possible; it is a pleasure to thank them all.

Tribute must also be paid to the Education Committee and its Chairman, Councillor P. O. Fulton, JP, and to the Director of Education and his staff, for their interest and support for the work of the School Health Service throughout the year.

The establishment of Health Centres, early-discharge schemes and many of the projects undertaken by the Research Unit involve close liaison between the Health Department and other branches of the Health Service. Co-operation was never greater than in 1972, for which, to the Hospital Management Committees, the Health Executive Council and the Local Medical Committee, and to all doctors, consultants and nursing staff, I express my warmest gratitude.

Throughout 1972, assistance with a variety of activities was readily given by other sections of Teesside Authority. I extend my thanks to all Chief Officers and their staff, in particular to the Borough Architect's Department, the Computer and Management Science sections of the Borough Treasurer's Department, and the Reprographic sections of both the Town Clerk's and Borough Engineer's Departments.

Once more I am indebted to the local press and Radio Teesside for their interest in the work of this department and their sympathetic coverage of our news. Special mention must go to the 'Evening Gazette' for the publicity afforded to the immunisation campaign which followed the isolation of diphtheria in the Borough.

The progress made in the Health Department during any year ultimately depends on the loyalty and hard work of the staff. It is a great tribute to their efforts that so much was achieved during 1972, and I take this opportunity to thank them all, whether in the office or the field, for their unstinting service.

Part I

Statistics and Social Conditions of Teesside County Borough

Statistics and Social Conditions of Teesside County Borough

Area	49,107 acres
Estimated mid-year population	393,960
Rateable Value at December 1972	£21,371,648
Product of one new penny rate	£202,230

Live Births

	Male	Female	Total
Legitimate	2,943	2,711	5,654
Illegitimate	362	395	757
			6,411
Adjusted rate per 1,000 population			16.6
Illegitimate live births as percentage of all live births			12

Still Births

	Male	Female	Total
Legitimate	30	38	68
Illegitimate	9	4	13
			81
Rate per 1,000 total live and still births			12

Total Live and Still Births

Male	Female	Total
3,344	3,148	6,492

Infant Deaths—deaths under one year

	Male	Female	Total
Legitimate	71	56	127
Illegitimate	12	6	18
			145

Infant Mortality Rates—deaths under one year

Total infant deaths per 1,000 total live births	23
Legitimate infant deaths per 1,000 legitimate live births	22
Illegitimate infant deaths per 1,000 illegitimate live births	24

Neo-Natal Mortality Rate—deaths under four weeks

Total per 1,000 total live births	16

Early Neo-Natal Mortality Rate—deaths under one week

Total per 1,000 total live births	13

Perinatal Mortality Rate—Stillbirths and deaths under one week

Total per 1,000 live births and stillbirths	26

Deaths Registered

Males	2,291
Females	2,026
	4,317
Adjusted rate per 1,000 population	14.2

Comparative Rates

	Teesside	England and Wales
Birth rate—live births	16.6	14.8
Death rate	14.2	12.1
Infant Mortality Rates	23.0	17.0

Area Comparability Factors

Births	1.02
Deaths	1.29

Part II

The Health Department

Research and Intelligence Unit

Reorganisation

Lectures and Courses

Publications

Library

Research and Intelligence Unit

1972 saw the unit well established in its third year of existence. The first series of projects was nearing completion, and the data collection phase commenced in the major projects—the Coronary Survey and the Air Pollution and Health Study. In addition, there were further developments in the organisation and analysis of routine information held within the Department.

Infant Mortality

Infant mortality rates are generally accepted as an indicator of the health standards of the community. They reflect not only the quality of, and access to, medical care, but also the socio-economic status and standard of living of the population. Using data from birth notifications, death registers and census reports, a study was undertaken of trends and variations in infant mortality rates between different groups in the population.

Perhaps the most striking finding of this study was the high mortality rate in babies born to mothers under the age of 20, particularly in the nulliparous group.

Table 1. Infant Mortality Rates by mother's age and parity in Teesside in 1970-71

Parity	0	1	2	3	4+	Total
Age						
Under 20	43.69 (49)	22.90 (11)	9.47 (1)	28.16 (1)	—	35.53 (62)
20—24	20.89 (41)	18.92 (37)	27.52 (25)	26.82 (9)	15.07 (2)	21.53 (114)
25—29	9.18 (6)	11.95 (14)	19.36 (19)	5.59 (3)	15.74 (5)	12.84 (47)
30+	24.54 (5)	9.18 (5)	20.67 (13)	8.83 (5)	14.97 (13)	14.58 (41)
Total	25.63 (101)	16.13 (67)	22.10 (58)	12.21 (18)	15.15 (20)	19.67 (264)

This is contrary to the generally held view, based on various studies undertaken around the beginning of the last decade, that older multiparous mothers formed the highest risk group. A recent study in Glasgow, however, has shown a similar pattern to that in Teesside.

The other feature to emerge was the marked gradient in infant mortality rates from inner urban ('downtown') areas to the suburbs. The following table shows rates in three areas of Teesside in 1966.

Table 2. Infant Mortality Rates per 1,000 live births (1966)

Area	Neonatal Rate	Post Neonatal Rate	Infant Rate
Downtown	14.68	13.20	27.88
Intermediate	14.27	8.74	23.01
Suburb	11.90	4.01	15.91
Teesside	13.09	10.59	23.68

The downtown area is characterised by lack of basic household amenities, overcrowding and a high proportion of its population in Social Classes IV and V; the intermediate area has a similar social structure and considerable overcrowding, but few houses lack all amenities. The suburban area has the higher social groups, virtually no overcrowding and few houses lacking amenities.

The steep post-neonatal gradient and lack of gradient in the neonatal period led to the conclusion that the high hospital confinement rate had produced a standardising effect in the latter whereas the former rate resulted from the socio-economic and environmental conditions.

This analysis has subsequently been updated and refined using 1971 data with the results shown in Table 3.

Table 3. Infant Mortality Rate per 1,000 live births (1971)

Area	Neonatal Rate	Post Neonatal Rate	Infant Rate
Downtown	20.0	13.0	33.0
Intermediate	8.0	7.5	15.5
Suburb	8.9	7.4	16.3
Teesside	11.3	8.8	20.1

Whereas the post-neonatal rate remains the same, there is also a steep gradient in the neonatal period. This contradicts the original conclusion. Another feature of note is that the intermediate area has come into line with the suburban area. The downtown area, therefore, is falling even further behind the majority of the community.

Air Pollution and Health

Data collection commenced in June with the survey of a sample of seven year old children. The sample was selected by taking every third child registered at 40 schools, each of which is within half a mile of a pollution monitoring instrument. The response to the survey is shown in Table 4.

Table 4. Sample in Air Pollution Survey

Completed Interviews	No.	78[illegible]
	%	90.2
Non contacts	No.	76
	%	8.7
Refusals	No.	10
	%	1.1

All absentees were followed up to establish that absences were not due to respiratory illness. Most absences were, in fact, caused by a 'minor epidemic' of mumps which occurred at that time.

Schools were classified into high, intermediate and low pollution areas according to the following definitions:

High—a site was classified as being in a high pollution area if the daily means for smoke **and** SO_2 exceeded the Teesside means for at least 50% of the study period.

Low—daily means for smoke **and** SO_2 exceeded the Teesside means for less than 25% of the study period.

Intermediate—a site which could not be classified as either high or low.

The only symptom which showed a statistically significant relationship with pollution level was 'cold settling on the chest'. This is shown in Table 5.

Table 5. Cold settling on chest by pollution level

Pollution Level	Cold Settling on Chest		
High	$\frac{41}{104}$	=	39.4%
Intermediate	$\frac{149}{414}$	=	36.0%
Low	$\frac{70}{266}$	=	26.3%

This symptom also showed significant relationship with the density of persons in the dwelling, social class and the use of a coal fire in the home. All these factors are closely inter-related. It was not possible, therefore, to isolate or quantify the effects of any one of these variables from the first year's survey. However, it is hoped that over a period of time it may be possible to isolate the influence of individual factors.

Teesside Coronary Survey

The staff for the survey, namely a Project Co-ordinator and four nurses, were appointed at the beginning of the year. They joined the Department in February and, after a period of training, the data collection commenced on 5th April. This stage of the survey depended on the good will and co-operation of both family doctors and hospital staff. It is due to their help that a very efficient and, it is hoped, a complete notification system was established for all coronary cases.

Data collection was undertaken by four specially trained Survey Nurses. Patients being treated at home were visited twice within the first 72 hours after onset of the attack. A medical assessment was made and an ECG and blood samples (for SGOT and HBD) were taken. In addition, socio-economic factors, past history and pre-monitory symptoms were recorded. The nurses also took this information from hospital patients, although the medical and clinical data were extracted from the hospital records, which were made available to the survey. All patients were visited again on the 28th day after onset of attack, when a general assessment was made and an ECG taken. All cases notified to the survey were assessed by three clinicians who allocated each to one of the diagnostic categories defined by the WHO. In home cases ECG and blood analysis results were passed on to the family doctor.

By the end of the year, over 1,800 notifications had been received, an average of about 46 per week. The distribution of notifications by diagnosis and place of treatment is shown in Table 6.

Table 6. Notifications of coronary heart diseases

	Definite M.I. %	Possible M.I. %	Not M.I. %
Home	24.0	42.2	33.1
Hospital	34.4	26.1	38.2
Total	31.7	30.4	36.9

This table excludes 213 cases where death occurred before any medical care was received. On this evidence, there is considerable doubt about the value of a mobile Coronary Care Unit. It is unlikely that it could intervene in the 'sudden death' cases, and of the cases where such a mobile unit would be called, over one third would not be coronaries. The role of the mobile ambulance and more fundamental questions about the relative merits of home and hospital care will be the subject of further analysis when the data is complete.

Home Nursing Study

The attachment of Home Nursing staff was accomplished in a relatively short space of time soon after the formation of Teesside County Borough in 1968. Although some guide

lines were given about the role of the nurses, no rigid criteria were laid down. Various patterns of working, therefore, have arisen in the 50 practices in Teesside. This poses some problems for the planning of the service in terms of numbers and the type of skill required. The imminent move of many practices into Health Centres adds an extra dimension to this problem.

Routine returns provide some data on which decisions can be based but they have serious shortcomings. Being routine, and being completed retrospectively, there are considerable doubts about their accuracy, and they do not provide sufficient detail for a true assessment of the use of nursing staff. An in-depth study over a short period of time was considered to be far more valuable for this purpose.

Over a two week period, therefore, all Home Nurses (including SEN's, late night nurses and bath attendants) were asked to fill in a card for each patient seen. This provided information on — age and sex of patients, place of treatment, type of service(s) and the practice for whom it was performed. The data were analysed to provide comparisons between (a) the number of items of service provided per 1,000 population in different practices, and (b) the number of items of service per nurse. For the purposes of this analysis practices were classified as — Health Centre practices, practices with a treatment room, and practices without such a facility for the nurse.

The major findings of the Study were that —

(a) There was, in absolute terms, a wide variation in the use of attached Home Nurses among the 50 practices in Teesside, as shown in Table 7.

Table 7. Distribution of practices in home and surgery by number of items of service per 1,000 population per week.

Number of Items of Service per 1,000 Population	Number of Practices	
	Home	Surgery
0 — 10	15	47
11 — 20	29	3
21 — 30	6	—
TOTAL	50	50

(b) There were similarly wide variations in the range of work undertaken. Table 8 shows this in terms of the number of different types of service provided:

Table 8. Distribution of practices by number of types of items of service

Number of types of items of service	Number of Practices Home	Surgery
0 — 4	1	23
5 — 9	28	23
10 — 14	22	5
TOTAL	51	51

(c) The Health Centre practices used attached nurses to a greater extent than other practices.

(d) A far greater proportion of the work was surgery based in the Health Centre practices, as shown in Table 9.

Table 9. Distribution of items of service between home and surgery by practice type by all nurses per week.

Practice Type	Home per 1,000 population	%	Surgery per 1,000 population	%	Total per 1,000 population	%
Health Centre	17.5	54.9	14.4	45.1	32.0	100
Treatment Room	11.1	82.2	2.4	17.8	13.5	100
No Treatment Room	13.2	87.7	1.9	12.3	15.1	100
All Practices	12.4	81.4	2.8	18.6	15.2	100

(e) Although this difference is accounted for partly by the availability of more resources to the Health Centre practices, the number of items of service per nurse was still greater when allowance was made for this discrepancy, as shown in Table 10.

Table 10. Average items of service per nurse

Type of Service	Health Centre	Treatment Room	No Treatment Room
Injection	33.3	20.7	19.0
Dressings	19.5	16.0	16.4
General Attention	12.1	6.7	16.4
Advice/Support	11.1	9.4	15.6
Investigations	18.9	13.5	10.7
Bath	2.0	1.7	1.5
Ear Syringing	3.3	1.3	0.5
Other	32.8	3.5	3.1
TOTAL	133.0	72.8	83.2

(f) Not only was the absolute number of items greater but a wider range of work was undertaken by the Health Centre Nurses as is demonstrated in Table 11.

Table 11. Percentage distribution of items of service in surgery by practice type by all nurses

Items of Service	Health Centre	Treatment Room	No Treatment Room	All Practices
Injection	17.9	33.0	35.0	29.2
Advice/Support	7.4	4.1	6.0	5.6
Ear Syringing	3.5	7.3	3.9	5.2
Ear Examination	2.7	3.0	2.5	2.8
CSU	0.2	0.4	0.8	0.4
Blood	8.0	18.9	12.2	13.8
ECG	0.9	2.5	0.3	1.4
Swab	2.3	0.3	0.6	0.9
Urine	4.5	3.2	2.2	3.8
BP	3.3	3.7	1.7	3.0
Dressings	8.4	15.8	23.2	15.7
Injury/Emergency	3.5	3.4	2.8	3.3
Cytology	1.5	1.5	7.1	2.9
Eyes	0.9	0.5	0.2	0.5
Others	35.1	2.4	1.7	11.7
TOTAL	100.1	100	100	100

The 'others' in this context include a wide range of services such as primary consultations with patients with respiratory symptoms, examination of verrucae, etc.

This study suggests, therefore, that the facilities at a Health Centre enable much fuller development of the role of the attached Home Nurse. If this potential is to be realised, however, a better ratio of staff to population will be required. Nevertheless, before accepting this suggestion, a more fundamental question should be asked, namely, 'Is all the extra work done in the Health Centre really necessary or is it an example of work expanding to meet the resources available ?'

Reorganisation

During 1972, many members of the Health Department became involved in the reorganisation of the National Health Service, which will occur in 1974.

The White Paper (published in August 1972) formed the basis of the Reorganisation Bill. The Department of Health and Social Security (DHSS) had previously arranged for the establishment of Joint Liaison Committees (JLC's) to prepare the ground for the new Regional and Area Shadow Health Authorities. A letter was received on the 11th July by the 12 statutory authorities providing health

services in the proposed new Cleveland Area Health Authority (A.H.A.), inviting nominations of one or two senior officers to serve on the Committee. The representatives for Teesside Health Department are the Medical Officer of Health and the Director of Nursing Services.

The first meeting was held on the 21st July at Teesside House, Middlesbrough, when the Principal Regional Officer from the DHSS took the Chair and explained the function of JLC's and the information which should be collected, so that a dossier could be handed to the A.H.A. in order to facilitate decision making before the appointed day. The Chairman, Vice-Chairman and Secretary for future meetings were elected, being respectively the Group Secretary, South Teesside Hospital Management Committee (HMC), the Clerk of the Council, Teesside Executive Council, and the Medical Officer of Health, Teesside CBC.

It was explained that DHSS guidance to JLC's would be issued regularly in circulars and those received in 1972 were as follows :—

HRC (72) 1	Reorganisation Circulars	June
HRC (72) 2	Boundaries Outside London	June
HRC (72) 3	Joint Liaison Committees	June
HRC (72) 4	White Paper	August
HRC (72) 5	Accommodation for Area Health Authorities	September
HRC (72) 6	Working Party on Financial Administration	November
HRC (72) 7	Preparation of Area Profile	December

The Chairman and Secretary of the Cleveland JLC were also nominated and subsequently elected to the Northern Regional JLC which held its first meeting on the 24th October. The difficulty of multi-disciplinary representation was discussed by the Regional representatives at their November meeting and it was agreed that the Chairman and Vice-Chairman of the Regional consortium of Local Medical Committees should be invited to the meetings as well as a community nursing representative and a practising hospital nurse. The Director of Nursing Services, Teesside CBC was nominated and duly elected as the community nursing representative.

Several working groups were established at Regional level, as follows :—

(a) Computers and Medical Information Systems — chaired by Medical Officer of Health, Teesside CBC.

(b) Finance — Cleveland representative, Group Treasurer, North Teesside HMC.

(c) Training — Cleveland representative, Director of Nursing Services, Teesside CBC.

(d) Supplies — Cleveland representative, Area Supplies Officer, South Teesside HMC.

(e) Ambulance — (Discussions primarily about the Metropolitan services).

The Teesside Health Department was honoured by a visit from Mrs. Rachel Kelly at the beginning of July. Mrs. Kelly, a member of the National Staff Commission which was set up to safeguard staff interests in the change-over, met some members of the Department over lunch and later in the day an open meeting was held at Thornaby Health Centre for all staff. This was very well attended. She explained that members of the Commission were individually visiting local authorities and HMC's in order to meet as many staff as possible, to gather information and suggestions and to hear their problems.

The Cleveland JLC held its second meeting on 19th September and established six working groups to collect the required statistics. These groups were as follows: Finance, Accommodation, Hospital Services, Community Health Services, Family Doctor Services and a Co-ordination Group. Members of the Health Department were represented on the Finance, Community Health and Co-ordination Groups.

At the November meeting reports were received from these groups and the JLC then reconstituted the groups to examine the information on a functional basis and to apply it to the projected requirements of the integrated service at both Area and District level, taking into account the recommendations contained in the 'White Paper' and 'Management Arrangements for the Reorganised NHS', published in September. The newly constituted groups were Finance and Accounting; Nursing; Information Systems; Institutional Services; Ambulance and Transport; Local Authority Liaison, sub-divided into Social Services, Environmental Health and School Health; and a Co-ordination Group, the Health Department being represented on all groups. It is anticipated that reports from these groups will be received at the February meeting of the JLC. Whilst the JLC has no executive authority, it is expected that the results of this exercise will enable not only a complete catalogue of the services to be made available to the Shadow A.H.A., but will provide the basis of the structure and modus operandi for the future Cleveland Health Service.

Three other topics of major concern were discussed during the year — A.H.A. accommodation, Health Districts and computer facilities. In accordance with Circular HRC (72) 5, the JLC considered the availability of accommodation for the Headquarters of the new A.H.A., having regard to

the urgency in ensuring that such accommodation would be available. The JLC considered that

(a) the Headquarters of the Cleveland Area Health Authority should be sited in Middlesbrough, having regard to the Department's advice that the Headquarters should be as near as practicable to the Headquarters of the Local Government County Authority, (the Cleveland County Headquarters will be sited in Middlesbrough);

(b) Marton House, Middlesbrough, would be the most suitable available accommodation for the Area Health Authority's Headquarters,

and agree to recommend that Marton House should be regarded as the future site of the A.H.A. subject to confirmation in due course that the accommodation meets the initial requirements, when further details of such requirements can be quantified.

In order that the working groups could make further progress, it was necessary for the Joint Liaison Committee to consider whether the Cleveland Area should be divided into two, three or four Health Districts. The Committee agreed to work on the basis of three Districts; Hartlepool, North Tees and South Tees, comprised as follows :—

	Population (1971 Census)
HARTLEPOOL	
Hartlepool C.B.C	96,898
Stockton R.D. (Brierton, Claxton, Dalton Piercy, Elwick, Elwick Hall, Greatham, Hart, Newton Bewley)	2,350
	99,248
NORTH TEES	
Billingham/Stockton/Thornaby	147,800
Stockton R.D. (not included in Hartlepool)	10,917
Stokesley R.D. (Castle Levington, Hilton, Ingleby-Barwick, Kirklevington, Maltby, Yarm)	4,290
	163,007
SOUTH TEES	
Middlesbrough/Marton	156,550
Stokesley R.D. (Nunthorpe)	450
Eston/Redcar	91,125
Guisborough U.D.	13,852
Loftus U.D.	7,706
Saltburn & Marske U.D.	19,562
Skelton & Brotton U.D.	15,083
	304,328
Total Population	566,583

No firm recommendations could be made at that stage as the Newcastle Regional Hospital Board had to provide patient flow figures for the Area and further guidance by the DHSS on the criteria to be applied for defining Districts was awaited.

Regarding computer facilities it was agreed to recommend to the Regional JLC that in view of the numbers of existing Community Health programs on the Teesside Local Authority computer, it would be beneficial if these remained on the latter machine for the present time, as the machines used respectively by NRHB and Teesside CBC are incompatible. Hospital and Executive Council staff salaries are processed by the NRHB computer and it was felt that this principle should be continued and extended to cover all staff of the Cleveland A.H.A.

The Committee is aware that these proposals affect employees of all branches of the Health Service, and in an endeavour to establish communication regarding the new Service, it has approved the short-term exchange of staff and agreed to make available information to Trade Unions and Staff Associations pending the issue of guidance by the DHSS. Steps were also taken during the year to organise a Regional Conference with Staff Associations and Trade Union representatives about the future reorganisation, to be followed shortly by Area conferences.

The Committee also recognises the importance of close consultation with the medical professions and with this in mind the Executive members of the JLC (i.e. the Chairman, Vice-Chairman and Secretary), held their first meeting with representatives from these groups on the 8th December, when the work of the JLC and its sub-groups was outlined and comments were invited on the topics covered to date. It is intended that these meetings will continue on a regular basis.

Staff and Change

In the latter part of the year, a survey was carried out in the Health Department to assess the attitudes of the staff to the proposed reorganisation. A questionnaire was sent to each of the 550 employees, requesting a reply by return of post, thus minimising the opportunity for consultation with other staff. Analysis of the completed questionnaires returned (63% of the total) showed that there was a great need for more information about the coming changes to be given to the staff, many of whom were very concerned about the future. Consequently, it was decided to organise a series of half-day conferences, to begin in 1973, in which all staff might participate. In this way, it is hoped that increased knowledge of reorganisation will be imparted, and fears for the future allayed.

Lectures and Courses

Health Department staff become involved in lectures and courses in two ways; as speakers, usually imparting information on their own special subjects, and as students, refreshing old skills and acquiring new ones.

During 1972, many lectures were given by staff members, to a variety of audiences who were not, by any means, all medical. The topics covered included the care of the handicapped, birth control, the use and abuse of drugs, personal relationships and the setting up of playgroups; those addressed ranged from a mothers' club to social work students. More general talks, on the work of the Health Department, were also given.

Several refresher and training courses in particular subjects were attended during the year, and are described elsewhere in this report, in the sections on the disciplines concerned.

Management

Effective management is essential in all branches of the Health Service if the best use is to be made of the resources available. Several management courses were held in 1972, and attended by senior members of the department from medical, nursing and administrative disciplines, who went sometimes as lecturers and sometimes as students. Such courses are held for all management levels, and participants receive a theoretical grounding in modern management techniques, and some idea of how to put these into practice, which should be particularly valuable in the light of the approaching Health Service Reorganisation.

Publications

In 1972, several reports describing the activities of the Health Department and outlining proposals for the future were published. These reports generate much interest, both local and widespread, and requests for copies from as far away as New Zealand have been received. One of the most popular publications during the year was 'Staff and Change', the report of the survey described earlier. Following the publication of a shortened version in the Health and Social Services Journal, many requests for the full report were received; several from other authorities also concerned about training for reorganisation, and some from management schools wishing to use the document as a basis for study.

'Infant Mortality in Teesside' was another publication which attracted much interest both nationally and internationally, and several reports which were of mainly local interest, such as those of the reorganisation working parties, were also produced.

As well as reports, leaflets and posters 'advertising' health services or warning of the dangers of certain behaviours, are printed. Notable in 1972 was the Family Planning literature which was widely distributed and did much to publicise the new service.

Two further copies of Imprint were produced during the year. This magazine acts as a platform for individuals' views and literary and artistic talents, (anonymity is guaranteed if requested !), while also being a popular and important means of communication between department members.

The Library

Throughout 1972, the Health Department library, which was established in the previous year, continued to grow. The library has three main purposes. The first is to provide a ready source of information on all aspects of Community Health and Health Care. The second is the establishment of a comprehensive statistical reference section which, while available to the whole Department, is mainly of use to the members of the Research and Intelligence Unit, and the third, which is very nearly completed, is to make available those publications which are required by students in the Department who are taking examinations, either professional or clerical. Student midwives, health visitors, home nurses and chiropodists can be catered for, as can junior Department members who are interested in sitting examinations in Local Government Law and Administration, and other associated subjects such as Hospital Organisation and Economics.

The need for an efficient system of cataloguing the increasing numbers of books became apparent during the year, consequently the latest edition of the Dewey Decimal Classification was ordered. The use of this will enable the collection to be catalogued under subject headings in accordance with an international, (and locally used) system.

The library stocks, as well as books, a large number of Journals, and several more were added to the list in 1972, including a number dealing particularly with social and preventative medicine.

Literature which is not held by the library can often be borrowed. The combination of the National Lending Library and the National Central Library to form the British Lending Library resulted in a vast increase in the material available to the Department, which has continued its membership of the new body. As an added aid to professional staff, the Department also subscribes to the Audio Medical Digest, which issues a cassette of recorded abstracts from over fifty medical and associated journals.

Part III

Community Health

Health Centres
Nursing Services
Nursing Training
Geriatric Care
Family Planning
Cervical Cytology
Children at Risk
Hydromeningocele Assessment Clinic
Convalescence
Davison Home for Children
Social Services
Infectious Diseases
Immunisation and Vaccination
Chest Clinics
Venereal Diseases
Chiropody Service
Ambulance Service
Health Education
Laboratory Services
Medical Examinations and Assessments
Welfare Foods

Health Centres

Teesside Health Authority is committed to the provision of health centres throughout the area and an ambitious programme for buildings on several sites has been underway for some years. During 1972, this programme was advanced, although in some areas progress was slower than anticipated, demonstrating the somewhat intricate procedures involved in the erection of these centres.

Progress Report

Hemlington

The first year's operation of this temporary centre gave considerable satisfaction to the family doctor, nursing staff and patients concerned. A steady build-up of functions, including, as an experiment, triple duty nursing, is coinciding with a growth in the population in this new overspill area.

Thornaby

The third anniversary of the opening of this centre was an opportune time to re-appraise its functional efficiency. Although these premises were not planned by Teesside CBC, and certain inadequacies in patient flow, intercommunications and accommodation exist, the centre is providing a high level of service. An analysis of home nurse activity, which is described fully in the Research section of this report, reveals that a more efficient and much heavier service exists within the treatment rooms of this centre than elsewhere in Teesside. Nevertheless a feasibility study has been commissioned to look into the modification of the premises to incorporate the Health Department's current ideas of health centre design.

Redcar and Stockton

A shortage of bricks during the year created a delay in the time scale for the building of both of these centres, and it is now expected that neither will be completed before January 1974.

In each of these centres a pharmacy is being incorporated, which will be managed by a consortium of pharmacists who at present provide a service within the patient catchment area. The financial arrangements will be contained in a direct agreement between the consortium and the local Health Authority, with the Executive Council acting as the 'clearing house'.

The Health Centre, Cleveland Square, Middlesbrough

The shell of this building was completed during the year, and a separate tender was received for the fitting out of the premises. Again, anticipated target dates have not been met, and it is now thought that the centre will be completed in mid 1973.

A Health Centre Manager was appointed in the Autumn, and his first task was to put into practice the principles hammered out by the family doctors and the Health Department team by formulating a draft management constitution. This necessitated the formation of a Steering Committee which will be transformed to a Management Committee when the health centre opens. The committee comprises representatives of all disciplines who will work within the health centre, and meets monthly to discuss such matters as furniture, fittings, equipment, communications and pram and car parking. It also monitors the development of the building programme to ensure adherence to the brief submitted to the architect. The Bradford University research continued throughout the year and the resultant conclusions are eagerly awaited.

Billingham

It was necessary to redesign this centre because of the change in the number of family doctors requiring accommodation. Site limitations have added further complications and there is a need to reassess the whole situation. Pressure is also created because of the short life remaining to the premises of one of the family doctor practices concerned. It will be essential to provide temporary accommodation including three doctor suites and it is intended that purpose built Portakabins will be used.

Eston

The original design for a twelve-man health centre built over a Corporation shopping precinct has had to be abandoned because of a belated request for inclusion from six more family doctors. Various new sites are therefore being examined and comments received from participation exercises in relation to Teesside's urban structure plan are also being analysed. In the meanwhile, clinic premises have been made available for use as surgeries by certain family doctors.

Queen's Park Annexe, Stockton

Plans for these premises have been completed for some considerable time but the creation of a one-way traffic scheme in Stockton has led to objections being raised by local wholesale dealers to the closure of a street which is fundamental to the creation of this annexe. Protracted negotiations are being carried out and it is hoped that a successful compromise will be achieved.

Coulby Newham

Preliminary meetings have taken place regarding the siting of the community campus in Coulby Newham. It is thought that a permanent health centre here may have the effect of replacing the temporary centre at Hemlington, but these discussions are premature at this stage.

The Health Centre, Cleveland Square — a practice waiting area . . . .

. . . . and ear examination in a treatment room

Family Planning literature

Outlook

It is hoped and expected that the three major Health Centres, Middlesbrough, Redcar and Stockton, will be completed in time to become operational before reorganisation of the National Health Service takes place.

Nursing Services

Management Structure

The vacancies for a Divisional Nursing Officer and Area Nursing Officer were filled during 1972 by an upward movement of staff in post and the employment of new staff. The Mayston Management scheme was thus completed. A nursing officer to be responsible for family planning personnel was also appointed, when a direct service was established, bringing the total number of nursing officers at lower middle management to 16.

Liaison

The great degree of involvement of nursing officers in hospital liaison, which was commented on in the 1971 report, continued to increase. In the light of experience, this has proved to be of great value to the community and hospital services. Professionals at the top level in both disciplines have always discussed and planned policy together, but there has been a need for collaboration in the delivery of services to the patient at that level of management closest to the field staff. This need is now being met by the bringing together of the middle management officers in order that they may programme the services over the whole field of care. The areas now covered are day and early planned discharge, stoma therapy, young chronic sick, acute and chronic medicine and radiology.

Liaison between the Social Services Department and all branches of the community nursing staff is also well established and was expanded and consolidated throughout 1972. A new venture during the year was the establishment of links between the nursing staff and welfare officers of the British Steel Corporation and community nursing officers. It is envisaged that the community services will provide experience for occupational health nurses in post-registration training.

Obviously the involvement of nursing officers in liaison places a heavy responsibility on them in view of their management function. However, the variety of the work appears to compensate and engender enthusiasm for innovation and experiment.

Research

As many of the projects undertaken by the Research and Intelligence Unit involve close collaboration with nursing staff, the permanent secondment of a nursing officer to the unit was considered. Experience has proved, however, that it is of greater value to second to particular projects as they arise, officers who have the relevant expertise.

This procedure was consequently adopted and has proved most successful.

Attachment

A detailed survey of the activities of attached nurses, with particular emphasis on surgery and treatment room procedures, was completed this year, and is described fully in the Research Unit section. With the development of the health centre programme, there is a constant need for such monitoring and evaluation of all nurse oriented activities. Staff need to be reconditioned to accommodate and develop within a unique working environment. Training programmes have been considered, and training in situ with preparatory bridging talks is the method most favoured. The refreshing of known technical skills and the learning of new ones is already being effected in an ongoing situation and, with the assistance and co-operation of hospital departmental personnel, presents no problems.

Mobile Clinic

The Ford Landliner van continued to operate during 1972, although its full potential has not yet been realised. Primarily the vehicle which is, incidentally, driven by the staff manning it, was to take child care services to those families most in need. It has, however, also been used in a nurse recruitment campaign supporting hospitals and as a health education, information and advice centre in collaboration with youth leaders carrying out a project in a deprived area.

In normal use, the van is manned by a team consisting usually of three members of staff, always led by a health visitor. It is taken into a poor area of town and every home is visited. The variety of queries dealt with is, to quote one member of staff, amazing, ranging from 'the gas tap is broken' to 'I think my husband has VD, what shall I do ?'. The rate of effective visiting varies considerably between the teams, with one in particular giving constantly high returns, the highest recorded by three members in six hours being:

219 visits
26 infectious

Number of children	0—5 years	57
Number of children	5—16 years	42
Number of persons	16—60 years	75
Number of persons	over 60 years	19
Referrals made to:	Social Services	1
	Social Security	1
	Attached health visitor	5
	Family Planning	12
	Meals on Wheels	1
	Chiropody	1
	Cervical cytology	3
	Immunisations	13

There are, however, members of staff who are not fully convinced of the effectiveness of this method of giving service and this reflects to some degree in the returns from the teams.

Health Visitors

The establishment for health visitors is 89 but, in 1972 as in earlier years, difficulty in recruitment persisted. In order to assist the health visitors in post, nurses who are interested in and have experience with children were appointed. In selecting these paediatric nurses, preference was given to those who were also potential health visitor students. From the first intake, three in fact went forward for health visitor training, and it is felt that their work with the health visitor service and practical experience in the environment in which they will serve when trained provided firm grounds for their decision to do so.

A further four student health visitors were also placed during the year, two coming from the midwifery service.

Visits

The local authority nursing staff are always ready to discuss their work with visitors, and in 1972 were pleased to meet and talk with a social worker from India. Visiting from nearer at hand, 12 local students spent some time in Teesside's Infant Welfare Clinics, in order to learn something about the community child health service

Nursing Training

The training of nurses in community health may be divided into two parts; that which occurs before registration and post-registration, in-service training. Throughout 1972, Teesside Health Department was active in both areas.

Pre-Registration

During the year, students from several branches of nursing were seconded to the department for training. They included eight student health visitors from various parts of the country, who gained alternative experience in health visiting by spending one week attached to a Field Work Instructor, and 32 student midwives from North and South Teesside Schools of Nursing who completed their training in community care. In addition, 39 student and 20 pupil nurses undertaking general nurse training, and seven student and 11 pupil nurses training in obstetrics spent one day visiting with members of the community nursing services.

Post-Registration

Courses on a variety of subjects were held in 1972 and attended by members of the department's nursing staff. Some were arranged by external agencies, such as the Royal College of General Practitioners, Teesside Polytechnic and the Postgraduate Medical Centre, and others by the department itself. They included multi-disciplinary management courses, which were undertaken by 16 staff members, and a two day family planning appreciation course, attended by 125. Study days entitled 'Epilepsy',

'Wednesday's Child', 'Heart Disease' and 'Practice Roll' were also well supported, as were study half-days on 'Abuse of Drugs' and 'The Hemiplegic Patient'.

Home Nurses

Two examinations for the National Certificate in District Nursing were held during the year. Of the 15 SRN's who undertook the examination, 14 were successful. Ten SEN's were examined for the enrolled nurse part of the same certificate, 9 being successful. The two candidates who failed will resit the examination.

In addition, four home nurses attended a course at Newcastle Polytechnic to become Practical Work Instructors, and four completed a three week training course in Stoma Care at Hemlington hospital.

Health Visitors

The Health Visitor Training Course, 1971-1972, was taken by five student health visitors, all of whom were successful. They were awarded the Health Visitors Certificate by the Council for Education and Training of Health Visitors. A six week course of training for the work of a Field Work Instructor was held at Durham, and one health visitor attended. Within the department a two day course in Audiology Screening Processes was attended by 58 health visitors. All health visitors have now been trained to carry out these procedures. 15 health visitors working in the North Tees area participated in a study half-day, 'Subnormality', with Dr. M. Way; one health visitor attended successfully a Family Planning training course and one undertook a one-week course on Health Education.

Refresher Courses

Four health visitors, two home nurses and 12 midwives, attended residential refresher courses held in several centres throughout the country. There was also a two day non-residential refresher course in Psychiatry, which was held at Winterton hospital and attended by two members of the nursing staff.

Future Training

Arrangements have been made between St. Luke's hospital and the Department for student nurses undertaking mental nurse training to have an eight week course in community care. The proposed programme of training has been submitted to the General Nursing Council for their approval, and it is anticipated that the first course will commence in October 1973.

Consultations are also taking place with the South Teesside School of Nursing for their student nurses undertaking general nurse training to have a ten week course in community nursing. It is hoped that this course will commence in July 1973.

Geriatric Care

The following report was contributed by Dr. D. M. Prinsley, Senior Consultant Physician at the Department of Geriatric Medicine, Poole Hospital.

There were considerable improvements during 1972 in the In-patient accommodation for geriatric patients both North and South of the Tees. A new ward at Poole Hospital was opened, making possible the complete closure of the unsatisfactory accommodation for elderly patients in Holgate. The acute beds used for geriatric patients at Sedgefield General Hospital were transferred to the new North Tees General Hospital, leaving the Sedgefield beds for local, long stay accommodation. The new unit for the younger disabled adjoining the Poole Day Hospital was completed and the first patients were admitted to the ward at the end of November.

The activities of the Geriatric Department during 1972 may be summarised as follows:

Total admissions	1,782
Total discharges	1,041
Total deaths	597
Outpatients—new cases	657
Outpatients—return cases	1,779
Day Hospital attendances	26,907

Admissions, Out-patient consultations and Day Hospital attendances all showed an increase. This placed heavy demands on the Ambulance Service, whose huge contribution to the running of the Out-patient Clinics and the Day Hospitals, as well as to admissions, is gratefully acknowledged.

The steady development of the Geriatric Department's activities has only been possible with close co-operation from the local authority health services. In particular, the very satisfactory liaison between the Department and the local authority nursing services has developed, and is proving of tremendous benefit to all parties.

Family Planning

From the inception of Teesside in 1968, to the 1st of July, 1972 the County Borough Council used the Family Planning Association (FPA) as its agent to provide a clinic based Family Planning service. It was decided, early in 1972, that family planning, an essential element in modern preventive medicine, should be incorporated into the other personal health services available through local government. On the 1st July, therefore, the Teesside Health Department undertook full responsibility for the provision of a direct Family Planning Service (FPS). After the takeover, all FPA clinic services were maintained, but the expansion of these services was invested with full-time Health Department staff. The main fields of expansion and

improvement proved to be publicity, the counselling nurse service, hospital/family doctor liaison, education and training.

Publicity

Special Teesside leaflets and posters were produced which led, together with newspaper advertisements and the considerable coverage given by local press and radio, to a substantial increase in patient attendances in the latter half of 1972. Emphasis was placed upon the giving of Family Planning clinic addresses and times and the FPS's telephone number, Stockton 66047. This telephone line received an average of eight patient enquiries per day. Outside office hours, callers hear a recorded message giving details of clinics where advice can be obtained that evening.

Counselling Nurses

The prime task of the Family Planning counselling nurses is that of reaching those people in greatest need. Elsewhere, relatively small counselling schemes have been doctor based. Teesside has pioneered the concept of the highly trained counselling nurse, who is familiar with the work of the Family Planning clinic, but who is available to give advice and information in the Welfare clinics, in Maternity Hospital wards and essential clinics, in family doctors' surgeries, through their attached health visitors and, not least, in the patients' own homes. The situation on the 1st of July was one where five counselling nurses were employed, working as follows:—

1 Grangetown, South Bank, Eston
1 Middlesbrough
1 Billingham
2 Stockton, Thornaby

During the month of September, six more counselling nurses were appointed and by December, an average of 275 patients per month were being visited. The Urban Aid programme allows for greater expansion of this work and so it is anticipated that the counselling nurses will reach even further, in 1973, into needy homes in the community.

Hospital/ Family Doctor Liaison

In October, 1972, local consultant gynaecologists agreed to a scheme for the provision of Family Planning clinics in Maternity Hospital premises. Two IUCD sessions were established, one in North Tees Hospital and one in Middlesbrough Maternity Hospital. A consultant gynaecologist does the insertions at the post natal visit of patients who choose the IUCD method. Clerical and nursing support are provided by the Family Planning service. It was decided that the counselling nurses should visit all ante-natal and gynaecology clinics and the post-natal wards in Teesside hospitals. They offer birth control advice, distribute leaflets, make clinic appointments, arrange transport for patients when necessary and advise patients that they can go to

their own doctor's surgery if the pill method is chosen. This coverage commenced in November 1972.

Agreement was also reached on the correct method of referral of patients for sterilization and on the continuance of preliminary investigation of the sub-fertile couple in clinics.

The level of the co-operation offered by family doctors and their professional organisation was never higher than in 1972, and was complemented by the involvement of the health visitors.

Education

By co-operation with the Health Education section, it was hoped that the problem of getting accurate information about birth control to Teesside teenagers might be met. It was realised that one medical officer and one nursing officer could make very little impact on the large school population of Teesside, when their primary duties lie in the clinics. Therefore, the arrangement which was agreed is that well illustrated, instructional talks are given to teachers in schools where courses in 'Personal Relationships' are offered. Accurate contraceptive information is then passed on to at least some school pupils in its correct context and at the right time, as judged by the class teacher. The Family Planning staff are available for consultation by teachers and a library of films, slides, cassettes and other audio-visual aids is being built up. Other requests for speakers on Family Planning have come from groups not included in this scheme. Talks were given to prisoners' wives, women on probation, social work students, single girls with babies, local school leavers, family and hospital doctors and student nurses.

Training

The training of medical and nursing staff in Family Planning techniques is seen as a major function of the new service, (as is the organisation of 'updating' sessions for existing staff). There is regular participation in the training of midwives, and in September, 1972 a course, specifically on Family Planning, was held for local authority nursing staff. Doctors and nurses continued to train for their FPA Certificates in the clinics, but by the end of the year plans were being made for the introduction of a Teesside Family Planning Certificate, with the first such course to be held early in 1973.

Statistics

The following statistics give an indication of the success of the Family Planning Service for the first six months from its inception on the 1st July to the end of 1972.

Total number of attendances	17,540
Number of new patients seen	2,268
Number of sessions held each week	24
Number of premises regularly used	13
Percentage of patients under the age of 20 years	20%
Percentage of patients receiving free supplies	15%

Cervical Cytology

The number attending local authority cervical cytology clinics dropped in 1972, but this does not indicate a fall in the use of the service. It was a result of the increased number of smears being taken in hospital, by family doctors and at family planning clinics.

The clinic at West Acklam had to be closed because of lack of patients, but those in the Gables, Middlesbrough, and Eston were held on a fortnightly basis, while Billingham, Stockton and Redcar clinics were held at least once a month, depending on demand.

It was not possible to start using the form advocated by the Department of Health and Social Security in 1972, but it is hoped that it will be introduced in 1973.

Statistics

Applicants	1,649	
Number attended	2,270	(1,149 recalls)
Negative cases	2,244	
Inconclusive cases	18	
Positive cases	8	(7 new patients)
Referrals to family doctor	176	

Children at Risk

Operation of the new classification system for children 'at risk', developed by the Research and Intelligence Unit, resulted in earlier notification of handicaps and better follow up during 1972 than in previous years. Many children were seen by a medical officer at about the age of two, when an initial assessment of their potentialities was made. As a result, parents could be given more guidance and more indication of the future educational prospects of their children. Even at that age, some children were recommended for attendance at ordinary nurseries or play groups, or at the special preschool play group for handicapped children which the Education Department opened in autumn. Others were referred to the special care unit. By the time these children are four and a half a final assessment has been made. Many are able to attend ordinary schools, while some go to special schools and some to assessment classes. It has been found that, by visiting a child early, a medical officer can explain the possible results of the handicaps and make it easier to recommend special schooling if necessary.

The following list gives details of children born in Teesside between 1968 and 1972 with congenital or acquired handicaps.

Abnormality of limbs	6	Galactosaemia	1
Adrenogenital Syndrome	5	Gammaglobulinaemia	1
Amsterdam Dwarf	1	Haemaphilia	1
Arthogryphosus Multiplex	1	Hirschsprungs disease	4
Asthma	2	Hypercalcaemia	2
Backward	34	Hypocalcaemia	1
Brain damage	3	Hydrocephalus	13
Christmas disease	2	Incontinence	1
Cardiac disease	11	Microcephale	4
Congenital dislocation of hips	2	Myelomeningocoele	39
Congenital heart disease	50	Myopathy	1
Cretin	7	Nystagmus	2
Cystic Fibrosis	12	Osseus Fragilitas	4
Deaf	7	Phenylketonuria	3
Diabetes	0	Spasticity	13
Defective eyesight	4	Tay Sach's disease	1
Downs Syndrome	25	Thrombocytopaemia	1
Epilepsy	16	Tuberosesclerosis	1

Hydromeningocele Assessment Clinic

This clinic is held once a month at Hemlington hospital. At least one medical officer and a nursing officer are always present, together with the neurosurgeon, paediatrician, orthopaedic surgeons and urologist. Children are seen from about the age of six months, and when they approach two years of age, arrangements are made for a medical officer to visit, to begin the assessment of the child's abilities with a view to future schooling in either an ordinary or a special school.

Convalescence

Convelescent holidays are granted to persons who, it is felt, will benefit from a period of rest and recuperation in changed surroundings. They may also be given to mothers and young children who desperately need a holiday. People recommended for convalescence are visited and assessed by home nurses, then each case is carefully considered by a medical officer in the Health Department. If a case is approved, the person is sent to one of three local convalescent homes. During 1972, a total of 93 patients stayed at the homes:

Ropner Convalescent Home, Middleton St. George	87
Rose Joicey Convalescent Home, Whitburn, Co. Durham	5
Yorkshire Forresters' Convalescent Home, Bridlington	1

Davison Home for Children

Although nominally a convalescent home, the Davison Home is chiefly used for holidays for children aged 11 years or less, who come from deprived families. 18 children may be accommodated at one time, usually for a period of three weeks, and in 1972, 275 had much needed holidays there. The home is fortunate in having had a number of bequests from local people, and negotiation began during the year to use the money thus obtained to finance, at least partially, extensions and improvements to the buildings. Members of the Health Committee visited the home in October, and approved all the suggested alterations, recommending that tenders should be requested. It is hoped that the work may begin in 1973.

Social Services

Many aspects of the work of the Social Services Department have a medical content, and consequently liaison between the Health Department and Social Services is of paramount importance. For this reason, a senior medical officer was appointed in January 1971 to act specifically as a liaison officer and to co-ordinate links between the two services at all levels. 1972 saw the development and strengthening of these links between medical/nursing personnel and social workers and between administrators from both Departments. In all of the areas of Teesside, community nursing teams and social services teams run parallel, while medical and nursing officers visit many Social Services establishments (e.g. day nurseries and play groups) in an advisory capacity.

The particular aspects of Social Services already identified as needing co-operation from medical/nursing staff are:—

Medical assessment of personnel
Psychiatric assessment of mental handicaps
Cambridge road assessment centre
Pre-school provision for the handicapped child
Adult training courses—
medical inspections, immunisation and vaccination
Day centres
Family group homes
Aged persons' homes
Unmarried mothers
Residential nurseries
Local authority day nurseries
Private day nurseries and child minders registered with the local authority
Creches and pre-school playgroups held in local authority clinics,
Playgroups held in private premises, public halls, etc.

It is considered essential that these links continue to be strengthened to provide a firm basis for liaison between the two services after they become administratively separated by the imminent reorganisation.

Infectious Diseases

Diphtheria

On August 11th, 1972, an 18 months old boy who had been ill for five or six days was admitted to West Lane Infectious Diseases Hospital with suspected diphtheria. A throat swab was taken for analysis at the Public Health Laboratory, and a toxigenic strain of corynbacterium diphtheria mitis was isolated.

The child had entered England from Pakistan on the 23rd July, and had come to Middlesbrough on July 24th, having spent the previous night in Birmingham. Consideration of the dates suggested that the infection had not been imported with him, but had been acquired in England. Intensive investigations were made to try to discover the source of infection. As soon as was possible after the diagnosis was confirmed, nasal and throat swabs were taken from all members of the household in which the child lived and from neighbours who were in frequent contact with him. Further swabs were taken at intervals of one and two weeks but all proved negative. As far as could be ascertained, none of the contacts had been immunised against diphtheria. There was thus no evidence that any of the contacts was a carrier, and the source of infection was not determined.

It is important that, when an infectious disease is diagnosed, all parties who may be concerned are kept informed. Consequently, letters giving details of the case were sent to the Medical Officer of Health of Birmingham and to all local doctors. Close contact was also kept with the Department of Health and Social Security throughout the investigation into the infection.

This case of diphtheria was the first in Middlesbrough since 1956 and one of only five in England and Wales during 1972. The low incidence of the disease is largely due to the success of the immunisation programme against it. At the time of the diagnosis, the immunisation level in Tees-side was estimated to be about 80%. It was imperative that all children who might have come into contact with the patient be immunised, and, for that purpose, the mobile van was taken into the areas near the child's home and necessary immunisations were done 'on the spot'. A team of staff visited homes to explain why the injections were necessary, and the local press also gave valuable publicity to the campaign. No other cases of diphtheria ensued, and the infected child recovered completely.

Measles

A total of 2,441 cases of measles was notified in 1972, compared with only 922 in 1971. Over half occurred in the first quarter of the year, with the highest incidence being in February, (588). The number of notifications then gradually decreased until the last quarter when only 26 cases were reported.

The age distribution of the notifications was similar to earlier years, with 65% received for children aged between three and nine years.

Immunisation and Vaccination

To facilitate the rapid and efficient retrieval of information from the immunisation and vaccination file, an IBM Visual Display Unit was installed in Teesside House in May 1972. The complete, updated record of any child's immunisation status may be called from file and displayed on the screen by typing out on the unit's keyboard the child's computer record number or name. The system was especially useful in August 1972 when the case of diphtheria in the area precipitated numerous inquiries from parents about their children's previous immunisations. As the unit is operated by only one person, the Senior Clerical Officer responsible for the immunisation and vaccination system, it is economical of staff and has thus enabled clerical staff to be deployed from the system and utilised elsewhere in the Department.

The original immunisation and vaccination file has been enlarged to take a master register of births and the immunisation statistics. The latter are produced once a month and contain totals for that month and accumulated totals from the beginning of the year. The master register comprises details of all births and transfer-in children and replaces the old, manually produced register. The system also now contains the facility for printing out, on demand, lists in district order of all children who have not received any immunisations. These lists are used by the staff of the mobile clinic, who then visit the children concerned.

Chest Clinics

The following reports on the work of Stockton and Middlesbrough chest clinics have been contributed by Dr. K. Chalmers and Dr. B. Couts respectively.

Stockton Chest Clinic

The year 1972 showed very little change in the overall pattern of work at the Stockton chest clinic, but statistics for patient attendances reveal a drop in the number of new cases referred.

Clinic Attendances	1972	1971
New patients	1,203	1,539
Recall cases	3,251	3,773

It is felt that this reduction in attendances is compensated by an increase in the number of cases referred by family doctors to the hospital x-ray department for a chest x-ray. The Mass Radiography Unit is also used extensively by family doctors, their films for the Stockton area being read in the Stockton clinic.

Tuberculosis— new notifications	1972	1971
Respiratory	36	39
Non-respiratory	9	8
Total	45	47

Only four new patients had positive sputum, compared with 12 in 1971. There was no undue prominence of Commonwealth immigrants amongst the new notifications. During the year, nine patients died with the diagnosis of pulmonary tuberculosis on their death certificates, compared with four in 1971. A review of the 1972 deaths shows that all but two of the cases had chronic fibroid tubercule with cardiac failure and terminal broncho pnuemonia as the precipitating factors causing death.

The work of the Stockton chest clinic has been greatly helped by close association with Dr. Walton and his colleagues, and there has been no delay whatsoever in the arrangement for the admission of patients to Poole Hospital for further assessment when necessary. My colleague Dr. Brewer and I would also like to record our thanks to the clinic staff for their very active help and co-operation during the past year, and our appreciation of the very satisfactory liaison with Teesside Health Department which makes our work so much easier.

Middlesbrough Chest Clinic

The work of the Middlesbrough chest clinic during 1972 continued on much the same lines as in previous years. Apart from diagnosing and treating tuberculous disease, or excluding it in patients suspected because of chest symptoms, the clinic is concerned with the examination of contacts, and with the diagnosis and treatment of other chest conditions including chronic bronchitis, bronchial neoplasm and asthma.

Notifications of new tuberculosis patients numbered 90 in 1972, the second lowest figure recorded. As in the past there were nearly twice as many males as females, and, although all age groups were affected, one third of the 48 male cases notified were over the age of 55. Of the adult respiratory cases, two thirds were sputum-positive and the germs were usually found to be sensitive to the common anti-tuberculosis agents.

Patients were referred in various ways but, as usual, the main source of notification was from chest clinic examination. Although Mass Radiography produced only 12 cases in the Middlesbrough district, many people who might otherwise have had to be seen at the hospital, were examined by this Unit, either at their own request or that of their family doctor. Mass Radiography thus eases considerably the burden on the hospital service, and particularly on the x-ray department.

Deaths from tuberculosis numbered seven, six being in persons aged 65 and over and the remaining one in a man of the 45-55 age group. Contact examination was conducted in the usual way with more than 400 children being tuberculin tested, 334 of whom were given BCG vaccination. Of the 750 contacts who were x-rayed, 10 were notified and seven kept under observation. Some children who had strongly positive tuberculin reactions but whose x-ray films were clear were given prophylactic anti-tuberculosis treatment.

The total attendances at the clinic were 5,531 in 1972, new patients numbering 1,056. This is a slight increase in the total attendances and a 10% increase in new patients over the previous year.

In many areas of this country, tuberculosis is becoming very much less of a problem than in the past, with the number of new notifications falling to low levels. Treatment is also, of course, much easier than in the past, and indeed, many tuberculosis patients have all their treatment at home. Nevertheless, it should be recognised that, as far as adults are concerned, tuberculosis is by far the most important infectious disease in this country at the present time. The number of new patients being diagnosed in this area is still high enough to warrant continuation of the present measures, but it has been possible to reduce the numbers of health visitors involved in the work.

Tuberculosis Returns—Middlesbrough Chest Clinc—Year ending 31st December, 1972

Age and sex distribution of notifications

Age Groups	Respiratory Male	Respiratory Female	Non-respiratory Male	Non-respiratory Female	Total
0—	—	—	—	—	—
1—	—	—	—	—	—
2—	1	1	1	—	3
5—	5	2	—	—	7
10—	2	4	—	1	7
15—	2	3	—	2	7
20—	5	—	—	—	5
25—	7	2	3	1	13
35—	5	6	3	1	15
45—	5	2	—	1	8
55—	9	1	1	—	11
65—	5	2	—	—	7
75—	2	—	—	—	2
All ages	48	23	8	6	85

This table does not include 5 transfers in

Source of notification

	1972	1971
Chest clinic	43	46
Contacts	10	24
Mass radiogrphy	12	10
Registrar's returns	3	—
Other hospitals	17	19
School BCG programme	—	4
Transfers in	5	4
	90	107

Types of case found

		Males and Females	Males	Females	Children
Sputum	A1	13	10	3	11
	A2	4	2	2	1
Negative	A3	2	1	1	—
		19	13	6	12
Sputum	B1	12	10	2	1
	B2	18	13	5	—
Positive	B3	9	5	4	—
		39	28	11	1
Non-respiratory		12	7	5	2
Totals		70	48	22	15

Age and sex distribution of deaths

Age Groups	Respiratory Male	Respiratory Female	Male	Female	Total
0—9	—	—	—	—	—
10—	—	—	—	—	—
15—	—	—	—	—	—
20—	—	—	—	—	—
25—	—	—	—	—	—
35—	—	—	—	—	—
45—	1	—	—	—	1
55—	—	—	—	—	—
65—	4	2	—	—	6
All ages	5	2	—	—	7

Contacts	1972	1971
Babies under 8 weeks old given BCG	51	99
Tuberculin negative (over 8 weeks old)	327	313
Tuberculin positive (over 8 weeks old)	92	90
Total BCG (including babies under 8 weeks old)	334	395
Contacts x-rayed	750	756
Contacts notified	10	24
Contacts on observation	7	4

Patients admitted to hospital during 1972

	Males	Females	Children
Tuberculous	41	9	7
Non-Tuberculous	223	63	—
	264	72	7

Clinic attendances	1971	1972
Total attendances	5,531	5,357
New attendances	1,056	945

Venereal Disease

The consultant venereologist, Dr. E. Campbell, contributed this report, which covers not only Teesside County Borough, but also the North Riding of Yorkshire and South Durham. The statistics presented are compiled from clinic returns, and cannot under existing regulations, account for those members of the public who seek treatment or advice from family doctors. Some authorities consider that the actual incidence of venereal disease may be as much as 30-50% higher than the reported figures.

The mobile van — 'on the spot' treatment and advice

You have been warned ! — Part of the Health Education display at Teesside Show

Within Teesside area, clinics giving treatment for and advice on venereal disease are situated at Middlesbrough General Hospital, Stockton and Thornaby Hospital, Hundens Hospital, Darlington and The General Hospital, Hartlepool. During the year staffing difficulties reduced the service at Stockton and Hartlepool to a low level, the male clinic at Hartlepool being closed completely from the end of June. Advertisements for male staff evoked no response. To cater for Hartlepool residents, an extra session was created at the Middlesbrough clinic.

The number of patients attending during 1972 was 2,759, closely comparable with the 1971 figure of 2,740. Attendances at the Middlesbrough and Stockton clinic remained steady, but the number of patients attending the Darlington clinic rose from 530 in 1971 to 657 in 1972. The temporary closing of the Hartlepool male clinic accounts for the lower number of patients attending.

Table 1. New patients attending 1968-1972

Clinics	1968	1969	1970	1971	1972
Middlesbrough	960	1,209	1,295	1,560	1,571
Darlington	279	374	361	530	657
Stockton	196	287	266	406	397
Hartlepool	152	197	232	244	134
Total	1,587	2,067	2,154	2,740	2,759

Table 2 shows the numbers of new patients attending during 1972, on a residential basis, regardless of which clinic they attended.

Table 2. Consolidated report for all clinics 1972. (1971 figures in brackets)

Area of residence	Total new patients	Number of cases during the year: Syphilis primary and secondary	Syphilis other stages	Gonorrhoea	Other conditions
Teesside	1427 (1400)	25 (14)	6 (3)	461 (506)	935 (877)
Darlington	330 (214)	2 (1)	2 (–)	92 (64)	234 (149)
Hartlepool	209 (188)	1 (–)	1 (–)	63 (65)	144 (123)
Co. Durham	312 (297)	1 (1)	2 (2)	65 (80)	244 (214)
N. Riding Yorks.	195 (233)	3 (2)	2 (–)	30 (45)	160 (186)
Merchant Seamen	193 (280)	3 (1)	– (–)	49 (106)	141 (173)
Commonwealth Citizens	38 (60)	– (–)	– (1)	17 (27)	21 (32)
Aliens	22 (17)	– (–)	– (–)	6 (8)	16 (9)
Others	33 (51)	– (–)	– (–)	11 (15)	22 (36)
Totals	2759 (2740)	35 (19)	13 (6)	794 (916)	1917 (1799)

Although the total number of patients seen over the year is comparable with the 1971 figure, a significant rise is noted in the number of Darlington residents attending the clinics within the area. The number of seamen attending shows a decline in numbers and those who do attend are in the main seamen wishing to have serological and clinical examination carried out. It is becoming common practice to treat urethritis on board ship and a number so treated will, on arrival in port, attend a clinic for further examination and serological tests. Other localities within the Teesside area show no significant changes in the number of residents attending.

Syphilis

For the second year in succession there has been a rise in the number of cases of syphilis treated in the Teesside clinics, both in early infective stages of the disease (primary and secondary cases) and also in the later stages. As reported both nationally and overseas, the rise is of concern in that it is more pronounced in the number of infected cases attending for treatment. This higher incidence of infection is spread over the area as a whole but, as can be expected, is more pronounced in the more densely populated area within the County Borough of Teesside. During 1971 the number of early cases seen, 19, was evenly spread between the sexes (males nine, females ten), but over the past year (1972) the pattern changed and, of the 35 cases treated, 25 were male, so the actual rise was in male patients. A further study of the records show that three merchant seamen who had become infected abroad were treated during the year, as opposed to a single case in 1971. The other factor accounting for the rise in numbers was an outbreak of syphilis in a group of male homosexuals in Teesside.

A male homosexual referred to the clinic by his doctor was found to be suffering from secondary syphilis; contact tracing carried out resulted in the attendance of 14 males to the Middlesbrough clinic. Of these, nine were found to be suffering from early infective syphilis, one had gonorrhoea and the remainder, having been kept under observation, were found to be free from infection.

Most of the patients found to be suffering from early infective syphilis were over the age of 20, but, over the last two years, a number of early infections has appeared at the female clinics.

Table 3. Age groups of patients with primary and secondary syphilis

Age group	1970 Male	1970 Female	1970 Total	1971 Male	1971 Female	1971 Total	1972 Male	1972 Female	1972 Total
Under 16	—	—	—	—	—	—	—	—	—
16 and 17	—	—	—	—	2	2	2	1	3
18 and 19	1	—	1	—	2	2	1	3	4
20—24	2	—	2	3	2	5	8	5	13
25 and over	4	—	4	6	4	10	12	3	15
Totals	7	—	7	9	10	19	23	12	35

During the year thirteen patients attended with syphilis other than primary or secondary stage. Three were contacts of patients already diagnosed, and were found to be early latent cases of syphilis who had acquired their infection within two years of attending. No cases of cardiovascular or neuro-syphilis were diagnosed during the year. Five cases of congenital syphilis were brought under treatment during 1972. Of these, four were adult patients diagnosed as such following positive serological findings and the other was a baby girl whose mother was found to have a positive blood late in pregnancy. Both mother and child were treated as In-patients and are being kept under surveillance.

Gonorrhoea

The total number of cases of gonorrhoea seen during 1972 was less than in the previous year, 794 as compared with 916 in 1971. This represents a fall of 13% but the incidence of the disease is still at a high level, exceeding any other annual total other than that of 1971. The number of seamen treated for the disease was the lowest since 1968 and if these patients are excluded from the totals, the number of residents in the area found to be suffering from gonorrhoea fell by 6.8%.

With the exception of the County Borough of Darlington, all areas show a decline in the number of residents attending with gonorrhoea. Over the past two years there has been an increase in the number of Darlington residents found to be suffering from the disease; the number of such patients attending the Teesside clinics is now about three times as high as in 1970. As noted in Table 4 the increase during the year 1972 was evenly divided between male and female patients.

Table 4. Darlington residents diagnosed Gonorrhoea 1970/1972

Year	Total No. Patients	Male Cases	Female Cases
1970	35	—	—
1971	64	40	24
1972	92	55	37

The incidences of the disease in the three local county boroughs based on the estimated populations of each borough are shown in Table 5. These are minimal as they relate only to residents who have obtained treatment at one or other of the Teesside clinics.

Table 5. Local incidence of Gonorrhoea

County Borough	No. of cases per 1,000 population				
	1968	1969	1970	1971	1972
Teesside	0.722	1.121	0.882	1.026	1.017
Darlington	0.506	0.376	0.415	0.758	1.082
Hartlepool	0.365	0.414	0.660	0.652	0.650

Note: The national incidence of Gonorrhoea for the year 1961 was 1.18 per 1,000.

Sex and Age of Patients

For some years the national press has been commenting on the rise in the incidence of gonorrhoea amongst the teenage population and particular stress has been placed on the number of young girls found to be infected. Until 1969 this was not noticeable to any extent within this area: since then, the local trend has followed the national pattern and though a fall in the total number of cases of gonorrhoea occurred during 1972 the numbers of teenagers attending the clinics with this disease continues to rise, particularly noticeably in the female clinics. This increase in the numbers of teenagers attending and the proportion they represent of the total figure is shown in Tables 6a and 6b.

Table 6a. Age grouping of patients attending with gonorrhoea

Year	Total patients			Males			Females		
	under 20	over 20	teenage %	under 20	over 20	teenage %	under 20	over 20	teenage %
1966	63	355	15.0%	38	260	12.4%	25	95	20.8%
1967	84	382	18.0%	51	308	14.2%	33	74	30.8%
1968	63	402	11.4%	35	307	10.2%	28	95	22.8%
1969	151	516	22.6%	75	393	16.0%	76	123	33.6%
1970	113	557	16.8%	50	403	11.0%	63	154	29.0%
1971	159	756	17.3%	83	525	13.6%	76	231	24.7%
1972	176	617	22.2%	79	436	15.3%	97	181	34.9%

Table 6b. Teenagers treated for gonococcal infections

Year	Total patients Age-groups			Males Age-groups			Females Age-groups		
	—16	16/17	18/19	—16	16/17	18/19	—16	16/17	18/19
1966	4	16	43	3	5	30	1	11	14
1967	1	21	32	—	10	41	1	11	21
1968	3	17	23	—	8	27	3	9	16
1969	5	46	100	1	23	52	5	23	48
1970	—	35	78	—	13	37	—	22	41
1971	4	57	98	—	25	58	4	32	40
1972	5	66	105	1	23	55	4	43	50

Other Conditions

Of the 1917 'other conditions' seen during 1972, 885 were patients found to be in need of treatment for genital infections other than syphilis or gonorrhoea. Microscopic and culture examinations are carried out on all female patients and smears are examined in the clinic from all male patients having any form of urethral discharge. These examinations undertaken in the clinic during 1972 revealed 417 cases non-gonococcal urethritis in male patients and 81 cases of trichomoniasis.

Table 7 shows the various conditions requiring treatment which were dealt with in the clinic during 1972.

Table 7. Other Conditions treated during 1972 (1971 totals in brackets)

Infection	No. of patients treated Total	Male	Female
Candidiasis	24 (13)	1 (—)	23 (13)
Condylomata	148 (133)	112 (105)	36 (28)
Herpes Genitalis	30 (28)	27 (28)	3 (—)
Non-Gonococcal Urethritis	417 (389)	417 (389)	
Scabies	28 (25)	23 (21)	5 (4)
Trichomoniasis	81 (81)	5 (7)	76 (74)
Other Infections	157 (182)	142 (156)	15 (26)
Totals	885 (851)	727 (706)	158 (145)

With increasing publicity, more people are becoming aware of the facilities offered by the Special Treatment Clinic and a greater number of patients is being seen year by year. A fair proportion attend without any symptom of disease; their attendances usually being for reassurance following a recent coitus where there may or may not have been the risk of infection. Among the younger section of the community, publicity and what they 'have heard' do tend

to give rise to imaginary symptoms which worry them. Fortunately most do not get a fixed phobia about the subject and examination and testing of blood samples dispel their worries. It has been noted of late that a lot of these youngsters on being questioned reveal having had intercourse with more than one contact and it is surprising that the high incidence of gonorrhoea in teen-agers is not even higher.

Patients who on examination were found to be free from infection numbered 1,032 during the year and though this increases the work load of the clinics, it is felt that it is an essential part of the service and is proof that attendance at the clinic is becoming more tolerable.

Contact Tracing

This vital part of the clinic's function continues and with the co-operation of the infected patient can help in a large measure to combat the spread of disease. As mentioned in an earlier paragraph encouraging results were obtained during the year. The numbers of contacts attending and the diagnoses established during 1972 are shown in Table 8.

Table 8. Contact tracing in 1972

Syphilis	**Total**	**Males**	**Females**
Contact action taken	18	12	6
Contacts attending with syphilis	17	9	8
Contacts attending, syphilis not diagnosed	9	3	6
Gonorrhoea			
Contact action taken	602	530	72
Contacts attending with gonorrhoea	221	24	197
Contacts attending, gonorrhoea not diagnosed	76	13	63

Over the past ten years 3,053 Contact Slips have been issued to patients suffering from gonorrhoea or syphilis. The willingness of the patients to deliver these, resulted in 2,131 contacts attending for examination. 373 (64%) of the contacts attending were found to be in need of treatment; in other terms 45% of sources of infection were brought under treatment and surveillance. There remains, unfortunately, a reservoir of infection within the community owing to the inability of patients to give a worthwhile identification of the possible source of their infection. Some of these 'unknown' sources of infection may at a later date however attend the clinic after a subsequent infection has been reported.

As expected the increase of gonorrhoea through the last sixteen years is followed by an increase in syphilis. (This was noted some five years ago in the U.S.A.). Case finding

is all important and in Teesside the co-operation of the patients with the staff in the clinics has been very effective, as noted in the minor homosexual epidemic.

I have said before that medical and laymen tend to be dogmatic in condemnation of the 'teenager'. Might it be that they are disappointed or disillusioned at the behaviour of their elders? From the practical point of view, the solution is not solely in the hands of the venereologist who hopes that more clinics and more recruits into the specialty will cope with the increasing numbers of people with sexually transmitted diseases.

Chiropody Service

Chiropody is carried out in local authority clinics, residential accommodation for the elderly, and private surgeries. In addition, those who are house-bound receive the service in their own homes, and transport to clinics is provided for patients who find difficulty in using public transport. The numbers of treatments carried out in 1972 are shown in the following table, with the figures for 1971 for comparison.

Number of treatments	**1972**	**1971**
Clinics	21,312	19,503
Domiciliary	1,875	3,459
Residential Homes for elderly	3,700	1,621
Private surgeries	2,250	2,556
	29,137	27,139

The decrease in domiciliary treatments coupled with a corresponding rise in treatment at clinics, suggests that the patient carrier brought into service in January 1972 has helped to ease the domiciliary case load.

Number of patients receiving treatments

Persons aged 65+	7,306
Persons aged 60-64	748
Handicapped	153
Expectant mothers	10
Others	23
	8,240

During the year over 8,000 people, 1,890 of whom were new patients, received chiropody treatment, and 1,379 were discharged as not requiring further appointments. It is disturbing that, in 1972, 3,935 appointments for chiropody were not kept. A survey is consequently being arranged to try to establish the reasons for this.

The appliance laboratory, which has been re-designed and established in an area more centrally situated to serve the whole of Teesside, is still proving to be of great value to the chiropody service. A total of 514 individual appliances was produced by the technicians in 1972.

Although repeated advertisements for additional staff have appeared both locally and in the professional journals, the authority was not able to complete its full-time establishment of chiropodists during the year. However, two extra full-time chiropodists were recruited, bringing the number of full-time staff in post to seven, including one chief and seven part-time chiropodists. In order to try to ease the shortage of staff in the area, the authority has agreed to sponsor a student through the course of chiropody training.

Courses

It is important that trained staff keep abreast of developments in the practice of chiropody, and, to this end, refresher courses are regularly held. In 1972, the chief and one senior chiropodist attended one such course, at the London Foot Hospital, and another senior staff member undertook an Appliance course at the Edinburgh Foot Hospital.

Ambulance Service

A considerable amount of research has been carried out by the Ambulance Service Advisory Committee, in conjunction with the Department of Health and Social Security, to introduce national standards for the ambulance service. This has resulted in numerous local health authority letters being issued by the Department, containing advice to ambulance authorities on a wide variety of ambulance matters such as hospital training for ambulance crews, radio communications emergency reserve channel, in-service training, blue flashing lights on ambulance vehicles, sudden illness in the home, control procedures Nos. 1—7, training of Ambulance Officers, telephone—emergency and precedence calls, assessment of chassis, and control procedure No. 8.

The local authority, in recognising the need for standardisation within the ambulance service, has accepted all the recommendations. Many of them have been introduced and plans are at varying stages to introduce the remainder during 1973. It is felt that in implementing these recommendations, the efficiency of the service to the general public will increase and the path will be smoothed towards reorganisation in April 1974.

In conjunction with Senior Officers of the ambulance service the Management Science Division of the Borough Treasurer's Department has undertaken a full programme of interesting projects for the Teesside Ambulance Service since 1969, when the Division developed a centralised system to control all the vehicles of the service at three depots. This system has since been fully implemented, a fourth depot being added in 1971.

1972 saw work in some new areas, as well as the development of earlier work. In all cases, the impending reorganisation of the Health Services was a major factor.

Radio Telephone and Control System

The Department of Health and Social Security, in conjunction with the Ministry of Posts and Telecommunications, has circulated letters referring to the future rationalisation of ambulance service radio communications. It is intended that a co-ordinated ambulance system should be created for England and Wales. All local authorities are advised to install radio telephone equipment of a certain technical specification, and the equipment at present in use in Teesside, in common with many other authorities, does not conform to these new requirements.

As the rental contract for the existing equipment expires in May 1973, the Management Science Division was requested to investigate the requirements of a new radio control system and determine how best to meet them, in co-operation with the Chief Ambulance Officer. After a series of initial meetings with manufacturers' representatives, during which the possibility of using various sorts of automatic data transmission was discussed, an intensive study of radio-telephone calls was initiated. It was decided that the two major requirements for a new radio control system were :—

a) That it should be possible to select and display only that information relevant to any particular situation, eliminating the necessity to search through a complete display of more than 60 vehicles.

b) That any new system should eliminate the risk of overloading the radio with messages. This problem could be solved by transferring certain regular routine messages from voice transmission to a simple coded signal.

It was found that, on average, some 49% of used air time was taken up with voice transmissions which could be made by code using the proposed equipment. This type of call accounted for an average of 65% of all calls made. After discussion with manufacturers, a detailed equipment specification was drawn up, including radio-telephones in all ambulances, depots, and in the control room, facilities to transmit standard messages between ambulances and

control without resort to speech, and an electronic memory bank linked to a number of visual display units in the control room. The latter equipment enables all standard messages to be stored with other route information, etc. and to be recalled on a screen when requested by any controller.

Work is now in progress to determine the types of programmes required for the retrieval of information from the memory bank and the system installation should be completed during Autumn 1973.

Ambulance Services for Part of Stockton Rural District

It was suggested that Teesside ambulance service should extend its coverage to that part of Stockton Rural District now served by Durham ambulance service. As this area will become part of Cleveland County in 1974, this proposal will simplify operational and administrative problems of reorganisation of the local ambulance services if it can be implemented during 1973. The area was served by Fishburn and Newton Aycliffe ambulance stations, with a certain amount of night emergency assistance already provided by Teesside. To assess the staffing and vehicle implications of Teesside extending its cover of the area to various periods of the day and week, drivers' log sheets for a year, from the above stations, were examined. Data on relevant patients were analysed by day, time of day, type of case, home address and destination. Assuming 24-hour availability of a dual purpose, two-manned vehicle, histograms of the number of journeys not able to be dealt with at their correct time were drawn. A report of results was presented to the two Chief Ambulance Officers. Discussions were held between the respective officers as to the implementation of the report's findings and it is expected that the Teesside ambulance service will extend its coverage to Stockton Rural District early in 1973.

Documentation

In August 1972 the Department of Health and Social Security circulated a report to Health Departments containing recommended ambulance control procedures and patient booking forms. Their aim was to attempt a standardisation of ambulance documentation before 1974 when reorganisation will bring an amalgamation of services. The division was asked to assess the implications of bringing the forms into use. As the moving of the Teesside Ambulance Control to Berwick Hills will necessitate certain changes in the control procedures, it has been decided to bring a modified, smaller copy of the booking forms into use for a trial period of eight weeks without changing the general pattern of document flow within control. The effects will be monitored and comments sent to the Department of Health and Social Security.

Patient Demand Forecasting

As in previous years, an updating of the patient demand forecast was undertaken. This year's report was in two parts, the first being the forecast 1972-77 for Teesside

CBC and the second being two alternative forecasts for the new Cleveland County Area from 1974. The same techniques as previously were used and again no consistent seasonal variation was found. All known hospital plans were taken into account in producing the forecast. Monthly summary data, as used in the Teesside forecasts, were not available from parts of Durham and the North Riding which will form part of Cleveland County, so two alternative assumptions were made. The population from the two county areas for 'Cleveland' and 'non-Cleveland' were obtained from the 1971 census.

For alternative 1, the annual totals of patients carried by the county services were obtained from the Annual Cost Statement (Form SBL 637—Department of Health and Social Security) for the financial years 1968-1972 and apportioned to 'Cleveland' and 'non-Cleveland' on a population basis. These, together with the Hartlepool total, formed the basis for a three-year forecast of total patients to be added to the Teesside forecasts. For alternative 2, the Teesside forecasts were increased by an amount proportional to the increase in population for Cleveland County over that for Teesside CBC. The next updating of the forecasts is at present under consideration, when more accurate information for the county areas and Hartlepool will be available.

Major Accident Plan

As in past years, the ambulance service in conjunction with the other emergency services and industry, carried out a number of exercises to test and improve the major disaster procedures for the area. On one such exercise, based on an assumed aircrash at Prissick School Base, invaluable lessons were learned concerning the communication system for other departments of the local authority, which resulted in changes to the communication plans. From the experience gained during these exercises and incidents, it became obvious that the success or failure of the Ambulance Major Accident Plan depended largely on the immediate availability of senior ambulance officers, one to assume command of the incident and one to take charge of the Casualty Clearing Station. A stand-by system, to ensure the immediate availability of two senior officers, 24 hours a day, was therefore introduced in November 1972.

Training

Approved training courses, covering all aspects of the ambulance service, continue to be provided at the service's local training school, situated in Middlesbrough. During 1972, 48 members of the ambulance staff successfully completed a variety of two week courses and additionally, all the candidates were successfully examined and issued with the Royal Life Saving Society's Advanced Resuscitation Certificate and the voluntary society's First Aid Re-qualification Certificate.

Encouragement is given to all members of the staff to increase their medical knowledge, by providing facilities for them to prepare for the twice-yearly examination conducted by the Institute of Certified Ambulance Personnel, and it is encouraging to note that 14 members of staff were admitted as Associates, and four as Fellows. These successes resulted in the Teesside ambulance service, for the third consecutive year, being the most successful in the region, in professional examinations.

Vehicles in Use

Ambulances	30
Dual Purpose	28
Baby Care Unit	1
Training Ambulance	1
Major Accident Unit	1
Van (8 cwt)	1
	62

Replacement of Vehicles

To meet the increasing demand made by day patients, the emphasis on replacement of ambulances during 1972 was on 12-seater Ford/Strachan buses, of which six were delivered. These vehicles incorporate many adaptions to suit the special needs of the elderly. In addition, two Bedford/Lomas emergency ambulances and three Ford/Lomas estate cars were ordered. The estate cars are equipped for conveying recumbent patients over long distances. This is to overcome the difficulties in arranging rail journeys for stretcher patients, which have arisen by the introduction, over the past few years, of open plan rail coaches.

The emergency ambulances incorporate all the recommendations which have been issued by the Department and are comprehensively equipped with oxygen, resuscitation and suction equipment.

Statistics

1st January 1972—31st December 1972

Total patients carried	Total emergencies	Total mileage
221,608	21,298	1,051,675

Health Education

The work of the Health Education section continued to expand during 1972 and it is pleasing to record its increasing involvement in the community. Throughout the year, talks on a variety of subjects were given to various audiences and age groups. Whilst many of these were addressed to schoolchildren, it is worthwhile to note that parents and teachers were also among the audience and youth groups and Technical Colleges also received information and help from the section.

Whilst Health Education staff themselves try to reach as many people as possible an important part of their work is to assist and advise the many other people within the community who are concerned about the social, physical and mental well-being of its constituents. Here, the Health Education section must pay tribute to the work done by other parts of the Health Department whose co-operation in bringing to the public's notice the truth about achieving good health standards is invaluable. The confounding of myths and superstitions and the enlargement of knowledge are important factors in the promotion of confidence and, therefore, of better health habits.

Many of the topics dealt with have social as well as physical consequences. Drug abuses, venereal disease and contraception are probably the three areas of concern which spring to most people's minds when topics like this are discussed, partially because of the publicity they receive through the media and partially because they tend to produce more emotional crises. However, it is also true to say that low standards of personal hygiene can be, in some instances, equally socially damaging by leading to the spread of parasites such as head lice and diseases such as food poisoning. It is, therefore, encouraging that these topics and many others are being discussed in schools as an integrated part of a child's education, and that from the beginning of 1973 the staff of the Health Department will be working in close co-operation with the Education Department in the training of teachers who are involved in Education in Personal Relationship Courses.

Local Shows

Each year the Teesside and Billingham shows occur during July and August respectively. The theme chosen for the Health Department display in 1972 was Pollution, both internal and external, and its effect on our health. The dangerous effect cigarette smoking has on the lungs was dramatically illustrated by the display of thin layers of lung tissue from one healthy and two diseased lungs, which created both interest and comment among the public.

Other Events

In March the Health Education section assisted the Teesside Home Safety Committee with the operation of a 'Drug Amnesty' during which two tons of unwanted medicines of all kinds were handed in for disposal. Co-operation from the Police, Teesside Cleansing and the Teesside Branch of the Pharmaceutical Society in this venture ensured the success of the amnesty. During June a display highlighting the problems of obesity was mounted in conjunction with nursing staff at Thornaby Health Centre. The display, though simple, created quite an interest in the problems of diet and its effect on the individual, and was well received. The Autumn was marked by a 'Mind Week' exhibition mounted in October. The object of this display was to educate the public about mental illness and its

treatment, in an endeavour to reduce the stigma which still surrounds such ill-health and its treatment. This project, though initiated by the Health Department, received the willing and welcome co-operation of the Social Services Department who not only helped to mount the display material but helped staff the exhibition caravan which visited Redcar, Stockton and Middlesbrough. Similar help was also received from St. Luke's Voluntary Association.

Staff Changes

During the latter part of September, Mrs. J. S. Taylor was appointed as Senior Health Education Officer, the establishment of which post, it is planned, will begin a period of expansion and development within the section.

Laboratory Services

The following reports on the work of the Central Clinical and Public Health Laboratories have been contributed by Dr. S. Wray and Dr. P. R. Mortimer respectively.

Central Clinical Laboratory

Overall, 1972 was a year of further consolidation and gradual expansion of what has now become a very large Group Laboratory Service catering for hospitals, family doctors, health clinics (including Thornaby and Stokesley Health Centres), and the general population of South Teesside, as well as undertaking reference work from an extending area.

The work in the laboratory continued to show an increase, not only in total turnover but also in the scope of the investigations undertaken. A total of 798,251 weighted units was examined in 1972, compared with 770,820 in 1971.

The Cervical Cytology service worked smoothly and consistently over the year. Rather surprisingly, the number of specimen requests from the Teesside Health Authority declined from 3,017 in 1971 to 2,295 in 1972 whereas, during the same period of time, there was an increase in requests from other sources from 17,246 in 1971 to 18,006 in 1972.

Public Health Laboratory

75,561 specimens were examined at this laboratory between 1st January and 31st December 1972. Work carried out on behalf of the South Teesside hospital group declined slightly, as did that for the local health departments, but there was a marked increase in the number of requests from family doctors and other hospital groups.

Diagnosis and follow-up of episodes of intestinal infection once again formed a major part of the work carried out in conjunction with Teesside Health Department. A Considerable additional burden was created during the summer holiday period by the need to examine specimens from

persons returning to Teesside with symptoms of intestinal diseases after holidays abroad. The year was also notable for the diagnosis of the first case of diphtheria in the area for many years, in a person who had recently arrived from overseas.

A new feature of the year's work was the introduction of a technique for diagnosing rubella infections which is of particular importance to individuals exposed to the disease during pregnancy.

Routine microbiological examination of water, milk, cream, ice-cream and various food products on retail sale to the public continued throughout the year on behalf of the health departments of Teesside and the surrounding local authority areas.

The facilities of the present laboratory premises are now barely adequate to deal with the work load and it will be approximately four years before larger premises are available on the new hospital site. It is essential that the laboratory retains the ability to deal with episodes and outbreaks of serious infection that may occur during the intervening period, and to achieve this, routine procedures will have to be streamlined. This will necessitate routine specimens being in the laboratory much earlier in the day than they are at present, thus allowing appropriate attention to be paid to genuinely urgent and emergency specimens which will continue to be accepted and investigated up to, and if necessary after, the end of the normal working day.

Medical Examinations and Assessments

Department	Medical assessment	Physical assessment
Airport	2	28
Ambulance	4	44
Arts & Recreation	37	2
Baths	13	1
Borough Architect's	35	1
Borough Engineer's	167	39
Borough Treasurer's	35	3
Cemeteries	13	2
Cleansing	—	3
College Entrants	—	290
Education	666	90
Entertainments	3	—
Establishment	63	1
Fire Service	3	80
Health	91	5
Health Inspectors'	7	4
Housing	78	14
Institute for Blind	1	—
Libraries	21	2
Magistrates	12	1
Museums	9	—
Parks	62	10
Planning and Development	23	3
Police	18	3
Probation	10	2
School Meals	391	20
Social Services	188	19
Special	—	24
Town Clerk's	31	2
Transport	—	347
T.V. & C.W.B.	8	6
Weights & Measures	4	1
	1,995	1,047

Distribution of Welfare Foods

The table below gives details of welfare foods which were distributed at Child Health Clinics during the year :—

		Cost to beneficiaries
National Dried Milk		
	6,630 packs	£1,326.00
Free issues	1,526 ,,	
A, D & C Tablets		
	2,880 packets	£152.87
Free issues	227 ,,	
Children's Vitamin Drops		
	12,458 bottles	£622.75
Free issues	2,756 ,,	
***Cod Liver Oil**		
	36 bottles	£1.80
***Orange Juice**		
	21,128 bottles	£1,584.58
Free issues	245 ,,	

*** No longer available at Child Health Clincs**

Part IV

School Health Service

Introduction

Medical and Nursing Inspections

Head Infestation Eradication Campaign

Vaccination and Immunisation

Handicapped Children

Teesside Spastics Treatment Unit

Child Guidance Service

Speech Therapy

Dental Report

Juvenile Employment

Introduction

For the School Health Service, 1972 was a year which saw both the momentum of the previous year continued and a number of important changes and innovations made. There was a general drawing together of the various component parts of the service, an increased liaison between the central and area offices and outside agencies, and, as a result, the emergence of a more unified service. Many of the new ideas and procedures of the previous years were incorporated into routine programmes, and generally the year can be regarded as one of consolidation and rationalisation.

The latter half of the year saw the establishment of an interdisciplinary School Health Service Management team. The members, comprising representatives from medical, nursing, administration, health education, etc., meet regularly to formulate and action policy, to supervise the day to day running of the service and to act as a 'Think Tank', discussing and advising on new ideas and developments.

A further innovation at this time was the introduction, initially on a pilot basis, of a scheme of selective medical inspection of children in the last year at junior school. (The scheme is described in greater detail later in the report). A scheme for the medical inspection of pre-school children by their family doctor was also introduced, again on a pilot basis. In the first instance, it will be operated in the north Stockton/Billingham area by a family doctor's practice. It is anticipated that these measures will have a far reaching effect on the workings of the service in future years.

Medical and Nursing Inspections

Routine Medical Inspection

The routine medical inspection of new entrants continues to be shared between the school medical officers and the family doctors working on a sessional basis. During the year 10,387 routine medical inspections were carried out, which is again a reduction on the previous year's figure. The number of sessions offered by family doctors remained constant, but the steady increase in other activities inevitably led to a cutback in the number of sessions the school medical officers were able to fulfill.

Selective Medical Inspection

For some time concern had been felt over the lack of medical inspection of pupils in the 10+ age group. Accordingly, during the latter part of the year a scheme for the establishment of a selective medical inspection system was drawn up. It was decided to operate the scheme in the first instance in the Redcar area. Approval was obtained from the Education Department, and the Head Teachers of the schools concerned were visited and

the scheme explained. Medical questionnaires were distributed to parents and arrangements were made for school nurses to carry out an initial inspection prior to the actual selection process. The actual selection of pupils to be seen was made by the School Medical Officer, taking into account the medical questionnaire, nurse's report, medical record and any observations from the class or Head Teacher. Results are awaited with interest, and it is hoped that this scheme, when expanded, will make a significant contribution to the work of the service.

Vision Surveys

These surveys continue to be carried out on a bi-annual basis, particular emphasis being given to primary school children. Increasing use is made of the Keystone Vision Screeners, though Snellen Test Cards are also used to a considerable extent. A total of ten clinics is held each week throughout the area, where approximately 90 children referred from the routine vision surveys are seen. During the year, waiting lists for some of these clinics increased considerably, and efforts are to be made to counteract this trend.

Hearing Surveys

A total of 11 portable audiometers is now in use, and routine audiometric testing is carried out on a bi-annual basis by school nurses. Children failing routine audiometry, or suspected of having a hearing loss at routine medical inspection, are referred to the Aural Clinic, held each week, for initial screening by the School Medical Officer. Children requiring further attention are referred to the weekly Aural Clinic held at the North Riding Infirmary. During the year 18 children were fitted with hearing aids.

The latter half of the year saw delivery of the three clinic audiometers together with auxiliary equipment. At present installed in the Audiology Department at the North Riding Infirmary, they will be used to equip the new Health Centres' Audiometric Rooms when completed.

British Births Child Study

The year also saw the service involved in the British Births Child Study. This involved the detailed medical examination of 22 children born during the week commencing 5th April 1970. It is anticipated that follow up and special examinations will be required in future years as the study progresses.

Head Infestation Eradication Campaign

The programme which started in the Autumn Term of 1970 continued throughout the year. Progress has been maintained and the eradication campaign appears to have reached the penultimate, but possibly most difficult stage, as can be seen from the following tables :—

Level of infestation	Primary schools	Secondary schools
September 1970	16.1%	26.5%
January 1971	5.4%	8.5%
April 1971	5.1%	9.1%
September 1971	5.2%	4.8%
January 1972	3.2%	3.8%
April 1972	1.9%	1.8%
September 1972	2.4%	2.2%
January 1973	1.9%	2.1%

Intensive home visiting as introduced in late 1971 was continued, in an effort to eradicate the 'hard core' of cases, and a further step was taken in December when, initially for a trial period of six months, insecticide and combs were issued free of charge. It is hoped that these measures will help to reduce the level of infestation still further.

Vaccination and Immunisation

1972 saw the consolidation of the vaccination and immunisation measures of previous years and the emergence of a standardised routine vaccination programme. This finalised programme took the following shape, all vaccinations being of secondary school pupils :—

Vaccination	Age group	Programme duration
BCG (including Heaf Test)	1st year pupils	Spring Term: 2 visits
Rubella	3rd year girls only	Autumn Term: 1 visit
Tetanus	4th year pupils	Autumn Term: 2 visits Summer Term: 1 visit
Polio booster (Sugar Lump)	4th year pupils	Autumn Term: Given with 1st Tetanus vac.

Details of the number of completed courses of immunisation are given in Tables 6 and 7 in Appendix B.

Considerable effort was put into devising the programme in order to minimise the disruption to education timetables. However, as each school was visited at least six times, some inconvenience was inevitable, and our thanks must go to the Head Teachers for their patience and understanding.

A disturbing feature of the year was the continuing number of schools that had to be visited as the result of a TB contact notification. A total of six schools was visited in this manner and the pupils Heaf tested and vaccinated, or sent for a chest x-ray.

Handicapped Children

The number of children formally assessed has remained at a relatively constant level, 233 as against 249 in 1971. In addition there were 56 changes of classification/recommendation in respect of handicapped pupils.

Table A shows the distribution of reasons for assessment as handicapped, and Table B shows the number of children placed in special schools (day and residential) during 1972.

Table A	Boys	Girls
Blind	1	–
Partially sighted	3	1
Deaf	3	3
Partially hearing	2	2
Educationally subnormal	79	72
Epileptic	1	–
Physically handicapped	14	15
Delicate	4	5
Maladjusted	22	4
Speech defects	1	1
Total	130	103

Table B	Residential		Day	
	Boys	Girls	Boys	Girls
Blind	1	–	–	–
Partially sighted	4	1	–	–
Deaf	2	1	2	3
Partially hearing	–	–	2	3
Physically handicapped	3	2	9	10
Delicate	2	1	3	3
Maladjusted	6	2	21	4
Educationally subnormal	9	8	60	53
Epileptic	–	–	1	–
Speech defects	–	–	–	–
Totals	27	15	98	76

The figures given do not include transfers from one special school to another, being solely new admissions.

The Home Teaching Service continued at the same level as in 1971; four full-time teachers are employed, and it has been found necessary to continue to utilise the services of a number of part-time teachers.

Teesside Spastics Treatment Unit

Extensions to Unit

Following investigations by a sub-committee in 1971 regarding the need to provide extra accommodation to meet the increased numbers and wider age range of children attending the Unit, the South Teesside Hospital Management Committee, (HMC), recommended that the Spastics Society be approached for help towards the provision of extensions and alterations to the existing building. Accordingly, a meeting was convened with representatives of the National Spastics Society who, with members of the Teesside Spastics' Association, HMC and Local Education Authority, enquired into the position and after an inspection of the premises agreed that the need was apparent. Subsequently in May, approval was given for the National Society to provide the sum of £5,000 and the Local Association £1,000, having regard to the appreciable rise in building costs since the first estimate of £6,000. A suitable tender was accepted by the Chairman of the Management Committee and the Chairman of the Teesside Spastics' Association, and work began in November on the building of a new classroom with the full extensions scheduled to be completed by 1st April 1973.

Earlier in the year the installation of a low pressure heating system which would also extend to the new premises was approved by the HMC. Work on this was carried out in July and August, being scheduled to be finished by the end of the summer vacation. However, owing to delays due to constructional problems, non-delivery of materials, the re-siting of radiators and the builders' strike, the installation was not complete until the end of September. This caused considerable inconvenience as the return of the children had to be postponed for two weeks after which it was necessary to contain all the children within one classroom until the work was finally completed.

Staffing

Pending the completion of the extensions in 1973 it was agreed that, should the numbers attending for full-time education exceed the present 20, the Education Department would meet any need for extra teaching staff that could be established and the HMC would endeavour to maintain staff for which it was already responsible, having regard to the competing demands of all departments of the hospital. At the end of the year the staff comprised :—

Local Education Authority Staff

1 Teacher-in-charge
1 Teacher—full time
1 Teacher—part time
2 Teaching auxiliaries—full time
1 Supervisory assistant—part time

Hospital Staff

1 Physiotherapist—full time
1 Speech therapist—as available
1 Secretary—part time
1 Domestic assistant—part time
1 Domestic cleaner—full time

Speech Therapy

The vacancy for a speech therapist remained unfilled during the year, and previous arrangements whereby children were taken to the Middlesbrough Speech Clinic by the staff had to be abandoned because of the retirement of their therapist. Although two severely handicapped children received therapy at the Stockton Clinic, the needs of six others with severe speech defects together with six with minor defects could not be met.

Attendance

During the year the age range of the children attending for full-time education widened from 5-9 years to 4-11 years. Two older girls age 11+, on the waiting list for transfer since 1971, were not successful in obtaining accommodation elsewhere and had to be retained within the Unit. If placement elsewhere cannot be found in 1973, even with the extensions it will not be possible to provide them with a curriculum suitable to their age and attainments. Four other children were transferred to residential schools—three to the Percy Hedley School in Newcastle and one to Meldreth School for Spastics in Hertfordshire. Four children were admitted for full-time education and nine pre-school children attended for assessment for the Unit, of whom all but one, who was referred to a normal school, were added to the waiting list for admission as soon as possible. The numbers attending for physiotherapy increased by 14 and the present figures for all aspects of treatment are as follows :—

Full-time Education

		Catchment Area	
At present attending	20		
Awaiting admission	1	Teesside L.E.A.	21
Attending part-time for assessment	3	North Riding L.E.A.	1
		County Durham L.E.A.	2
	24		24

On Waiting List for Assessment for Full-time Education

		Catchment Area	
Aged 4+	2		
Aged 3+	4	Teesside L.E.A.	6
Aged 2+	1	North Riding L.E.A.	1
	7		7

Attending for Physiotherapy only

Full-time attenders	20
Attending normal school	15
Attending special school	13
Attending training school	4
Attending special care unit	16
Attending day nursery	7
At home	42
	117

Catchment Area

Teesside L.E.A.	104
North Riding L.E.A.	9
County Durham L.E.A.	4
	117

Social Activities

During the year a group of 4-6 children was taken each week to the Riding School at Skelton by a member of staff, the LEA providing the cost of transport and the Association for Riding for the Disabled providing the lessons free of charge, with helpers recruited from a local school. Other outings which took place included a visit to a local ESN School, a visit to a farm, an outing to Great Ayton and Saltburn and an early evening outing to the Circus.

Voluntary helpers in the Unit included two pupils from a secondary modern school attending once a week for social studies, police cadets attending the hospital for social studies, and two voluntary teachers helping with typing and craftwork. Visitors included groups of student nurses, student teachers, teachers attending in-service courses, a psychologist, a social worker and several parents visiting for social functions.

Child Guidance Service

Fundamental changes occurred in the organisation and operation of the service during 1972. The Special Education Development Programme released in November 1971 had indicated the extent to which the service was to be re-organised and had recommended the following :—

(a) The service should be developed on a unified basis under the newly-established post of Principal Educational Psychologist.

(b) The two existing posts of Senior Educational Psychologist should be retained, to be responsible for North and South Teesside areas respectively.

(c) Additional appointments of Assistant Educational Psychologists should be made in accordance with the Summerfield Report proposals of 1:10,000 school children. This would entail an establishment of nine educational psychologists within the Authority.

(d) Supporting staff of social workers and clerical workers should be increased to meet the expanding needs of the service.

(e) Encouragement should be given to the development of specialist interests by individual psychologists.

In addition, the enlargement and re-organisation of the Remedial Teaching Service under the two team leaders responsible to the Assistant Director of Education (Special Services) meant that involvement with the day-to-day running of the remedial service was reduced.

Staffing

The range of functions and the amount of support offered by the service developed steadily during the year due to the considerable increase in the number of educational psychologists employed by the Authority. It was with regret, however, that North Teesside lost the service of its Senior Educational Psychologist who had been at the Stockton Child Guidance Centre for 20 years. Miss Wylie's retirement was marked by a presentation by the Deputy Director of Education who congratulated her on an outstanding contribution to educational psychology in Teesside. In July, the appointment was made of the Principal Educational Psychologist, Mr. K. F. Cornwall, MA, BA, DipPsych, ABPS who, after serving as an educational psychologist in the South of England, had been University Lecturer and Tutor in charge of the training course for educational psychologists at University College, Swansea. The post of Senior Educational Psychologist for the North Tees Area, vacated by Miss Wylie, was taken by Mr. G. A. Leyden, BA, DipEdPsych, ABPS who joined the authority from Ormskirk where he held the post of Senior Lecturer in Education at Edge Hill College. The North Tees Area team was completed by the appointment of Miss I. A. Kerr, MA, DipEdPsych, and Mr. E. D. W. Guy, BA, DipEd, DipEdPsych. Mrs. E. Bowers, formerly with Teesside School Health Service, took up the post of social worker and Mr. J. Spicer, replacing Miss H. Brzezinska, temporarily joined the team for a short period prior to his secondment to a course for post-graduate training.

The South Teesside Area Service, under the continued leadership of Mr. R. Freyman, underwent some slight personnel changes. Miss Spencer, social worker, left the area to take up a post in the Midlands and the service was joined by Mrs. T. L. Scott in a temporary post as educational psychologist. Dr. Renwick and Dr. Hawkings, Consultant Psychiatrists continued to work on a sessional basis at the South and North Teesside Child Guidance Centres respectively.

The Year's Work

While the long-established pattern of close liaison with schools, parents and supporting agencies was maintained during the year, there was increased emphasis on the preventive role of the services. There was more frequent contact wtih schools in order to advise on recurrent patterns of difficulty in school populations and the educational psychologists attempted to bring teachers—particularly those in primary schools—very much more into the problem-solving and treatment process as far as learning and behaviour disorders were concerned. Though this may well be best achieved by the organisation of intensive training courses in the future, for 1972 the aim was to assess schools' needs for help by informal staff-room discussions. The rate of referrals continued to show an increase and the coming of new members of staff allowed the assessment and advisory process to be conducted more intensively than had hitherto been possible. A total of 695 new referrals was made to the service during 1972, of which 366 were made to the South Teesside Area service (at Middlesbrough and Redcar Child Guidance Centres) and 329 to the North Teesside Area service.

As in the past the majority of referrals came from schools, with smaller but equally distributed numbers from parents, the Child Welfare Department, school medical officers, family doctors, paediatricians, remedial teachers and the Social Services department. Learning difficulties accounted for the majority of problems referred to the service, though a large number of parents and teachers sought help over children's behaviour. School refusal, though by no means a frequent problem, accounted for the referral of some junior and secondary children to the service during the year.

In addition to giving guidance to the teachers and parents of children referred to the service, both educational psychologists and social workers have had on-going commitments to a number of social classes and units. The Senior Psychologist for South Teesside worked closely with the Spastics Units at Middlesbrough General Hospital and the Principal Educational Psychologist, aided by South Teesside Area social workers, gave advice on the teaching of children in the new Assessment Class opened in September at Marton Grove Infant School. The Senior Psychologist for North Teesside provided a similar service to the Assessment Class at Roseworth Infant School. The opening of the Assessment Centre at Broomlands, under the Teesside Social Services Department entailed weekly assessment sessions and attendance for all conferences. Moreover, the full implications of the Education (Handicapped) Act 1971 were beginning to be felt by the service which was called upon during the year not only to give advice on individual children in ESN(S) schools and Special Care Units but to advise staff on general educational and treatment matters.

Conclusion

1972 saw the beginning of a development which, given other changes in local authority structure, should result in the establishment of a Child Guidance Service sufficiently resourceful to meet in full the needs of those who refer to it. The role of the service as a preventive agency should increase and the policy of bringing teachers and parents into advisory and treatment work should enable psychologists, psychiatrists and social workers to deal in depth with some of the more intractable cases of learning and behaviour difficulty referred to them.

Speech Therapy

The Speech Therapy Service in Teesside continued to be very much understaffed during 1972, despite advertisement for staff in the relevant journal. There were only one full-time and six part-time therapists available, whereas the establishment for the joint Education and Hospital service is one chief, two senior and ten basic grade therapists. Consequently, only a skeleton Speech Therapy service could be provided. Each clinic had a long waiting list, and many parents could not even be offered an interview, and hence received no advice on handling their child's speech problems.

In the spring, work was started on the new Child Guidance and Speech and Language Centre in Stockton, but it was unfortunately not completed by the end of the year.
In October 1972, the Quirk report was published. This contains the findings of a Government Committee of Enquiry appointed to . . . . . 'consider the need for, and the role of, Speech Therapy in the fields of education and medicine, the assessment and treatment of those suffering from speech and language disorders and the training appropriate for those specially concerned in this work, and to make recommendations'. It is hoped that, if the Department of Education and Science accept this report and implement its recommendations, there will be an eventual improvement in the Speech Therapy service throughout the country.

Statistics, January—December 1972

Clinic	Children seen	Children treated regularly
Middlesbrough	138	47
Stockton	195	132
Thornaby	87	43

There was no therapist at Billingham. Under five referrals from this clinic were seen at Stockton.

Dental Report

There were no changes in the number, location or accommodation of dental clinics in 1972, but early in the year building of the Redcar health centre, which includes a dental department was commenced and is expected to be completed early in 1974.

With an additional full-time dental officer commencing duty at the beginning of the year, and a part-time dental officer accepting a full-time appointment in March, there were, including the principal dental officer, nine full-time and four part-time dental officers, the highest number ever. Unfortunately this position was not to continue. One dental officer resigned in July, because she was leaving the district; a second resigned at the end of the year to go into general practice; a third has given notice of resignation early in 1973 to take an appointment nearer her home, and a fourth has applied for maternity leave.

At the end of the year the staff consisted of the principal dental officer, five area dental officers and one full-time and four part-time dental officers, making a total full-time equivalent of 8.6 compared with 9.1 at the beginning of the year and 8.8 two years ago. There were also two dental auxiliaries, three part-time dental anaesthetists and 14 dental surgery assistants. Vacancies for dental officers were advertised repeatedly but, as in past years, there was virtually no response.

Despite the acute shortage of dental surgeons, dental treatment was carried out throughout the year, either full-time or part-time, at 12 clinics, and it is gratifying that for the greater part of the year seven clinics were open virtually full-time, some of which had not previously been open full-time for more than 14 years.

As usual, dental officers were primarily occupied with the inspection and treatment of school children during 1972, but all dental officers at all clinics devote as much of their time to the treatment of expectant mothers and pre-school children as the demand necessitates. Details of treatment carried out during the year are contained in the annual return to the Department of Health and Social Security, a copy of which appears in Appendix B, and it is a pleasure to report satisfactory increases over 1971 under most headings.

The chief features of the combined returns are :—

Sessions devoted to :—	1972	1971
(a) Inspection at school	260	225
(b) Treatment	4,351	4,029
Patients inspected	41,781	39,263
Patients requiring treatment	24,536	23,466
Patients treated	11,894	11,513
Courses of treatment completed	10,291	8,631
Attendances for treatment	26,513	23,723
General anaesthetics administered	5,167	3,761
Teeth extracted	19,560	15,799
Teeth filled	21,129	18,003
Fillings inserted	25,824	21,675

Juvenile Employment

There were 310 children registered for employment under the Bye Laws relating to the employment of children, and licenses were issued to 48 children for the purpose of appearing in entertainments.

Part V

Cemeteries and Crematorium

Cemeteries and Crematorium Department

The Director of Cemeteries has contributed the following information about the work of his department.

1972 Trends

The number of earth burials showed a small increase (less than 1%) over the 1971 figure, in contrast to the trends shown in 1970 and 1971 when the number decreased each year. The number of cremations also increased, by 16.2%, and cremations during 1972 represented 57.7% of total disposals. This is slightly higher than the national average figure of 57.3%.

Total number of disposals for the year 1972

Cremations	**1972**	**1971**
District from which received :—		
Teesside	2,623	2,273
Cleveland	156	123
Saltburn	190	155
Sundry others	99	89
	3,068	2,640

Earth Burials	**1972**	**1971**
District from which received :—		
Middlesbrough	811	816
Eston	272	271
Stockton	654	468
Redcar	134	146
Thornaby	169	169
Billingham	68	33
	1,919	1,903

Grand total for 1972 — 4,987

Part VI

Environmental Health

Introduction by the Chief Health Inspector
F. G. Sugden, DPA, FRSH, FAPHI, AMIPE, AMIPHE

Environmental Health

Food and Drugs and Dairies

Meat Inspection

Air Pollution Control

Housing

Offices, Shops and Factories

Magisterial Proceedings

Introduction

As this may possibly be the last detailed Environmental Health Report of the Teesside County Borough Council, it seems appropriate to consider what has been achieved in the brief life span of the Department.

Before the inception of the new authority on the 1st April, 1968, a good deal of preparatory work had been carried out to ensure the existence of a virile Health Inspectors' Department geared to meet the tasks before it. Whilst we felt confident that we had taken all the measures that could be taken, it cannot be denied that there were moments when we viewed the rapidly-approaching appointed day for our commencement as a new department with a certain amount of trepidation. Would our arrangements be adequate for the magnitude of the task before us ? Could we weld together six previously separate departments into one coherent whole ? Above all, could we give an improved service to the community ? In the actual event these fears proved to be groundless. By the end of the first day every officer was at his new post and the organisation was fully operational.

From the outset certain aspects of the work were seen to be of paramount importance in the new authority. Two major fields of activity, housing and air pollution, appeared to us to come within this category.

Housing

The housing responsibilities of the Department were mainly concerned with unfit and sub-standard houses. It was recommended by the Department and accepted by the Council that the aim should be the clearance of all areas of unfit housing by the earliest possible date and that a programme for action should be prepared based upon the principle, as far as possible, of clearing the worst houses first. An immediate survey was carried out throughout Teesside to identify the areas of unfit housing and to classify those areas in order of priority. Before the end of the year, a programme had been prepared comprising some 8,500 houses for clearance and a decision was reached by the Council that these should be dealt with at a rate of approximately 1,500 per year. Throughout the life of Teesside, each year the target figure has been achieved and in some years greatly exceeded.

Throughout the period the clearance programme has been kept under constant review and from time to time it has been found necessary to add other areas to it, not, it should be made clear, because of properties overlooked in the original survey but usually because of sudden but quite marked deterioration of what were previously fit houses. These rapid deteriorations are a comparatively modern phenomenon in the housing field and represent a major problem which the idea of general improvement

areas is meant to overcome. By the end of 1972, the clearance programme covered 11,500 houses of which 7,680 had been dealt with. In consequence it seems fair to say that the problem of unfit housing in Teesside will be well on its way to solution by the time this authority ceases to exist.

Teesside possess many houses which are structurally sound and are fit houses by all legal standards but which nevertheless lack such modern amenities as a bath, an internal water closet and a hot water supply. The modernisation of these houses is a matter of considerable importance, firstly to ensure that the living conditions of the inhabitants are brought up to acceptable present-day standards, and secondly, to prevent their deterioration into unfit houses necessitating clearance action. The provisions of the Housing Act, 1969 for General Improvement Areas represent the most practical way of overcoming this problem.

Immediately following the passing of the Housing Act, 1969, the Department carried out a comprehensive survey of the whole district for the purpose of identifying those areas which were suitable for treatment as General Improvement Areas. The survey showed that there were approximately 10,000 houses suitable for inclusion in such areas. Not every one of these houses lacks modern amenities, as in some parts of the town a considerable amount of use has been made, particularly by owner/occupiers, of the discretionary or standard grant procedure. Unfortunately, however, these are usually found to be widely dispersed between unimproved houses thus pinpointing the need for area action. Additionally, there is the need for the uplifting of the general environment of areas at the same time as the houses are modernised.

In the private sector two General Improvement Areas have been declared covering a total of 788 houses.

The results of the survey previously referred to along with details of the clearance programme and of areas environmentally deficient were all included in one comprehensive report on older housing. Teesside is one of the first local authorities in the country to publish such a report and prepare a comprehensive programme for action on all housing fronts.

Air Pollution

It was recognised that the control of air pollution was likely to be a major activity of the new Department, bearing in mind the fact that the new County Borough had within its boundaries the largest chemical complex in Europe, in addition to a very large steel industry. Because of this, it was decided to set up an air pollution control division within the Department, adequately staffed to deal with the

size of the problem before it. It was appreciated that many of the larger plants in the area were, in fact, subject to control by the Alkali Inspectorate, but it was felt that the new authority should accept an overall responsibility for ensuring that everything possible was done to obtain for the residents of the district the cleanest possible atmosphere.

The Air Pollution Control Division, on its inception, commenced a comprehensive and detailed survey of all industrial plants in the area and sought information about the types and quantities of emissions from each plant. This information was combined with information derived from actual surveys of emissions in the field in order to decide where improvements were required. It then became the policy of the Department, in close co-operation with the Alkali Inspector, to achieve reductions in emissions wherever possible. Arrangements were made with the Planning Department whereby all applications for planning approval for new industrial plants were submitted to the Health Inspectors' Department for their observations and comments. In the case of all new major projects, detailed discussions have taken place with the firms concerned and with the Alkali Inspector, before planning approval has been recommended.

One thing fairly soon became clear. There is no single measure which can be taken by either local authority or the Alkali Inspectorate which will in itself achieve the improvements that we require. The air pollution problems of Teesside do not emanate from any single source but are, in fact, an accumulative total of emissions of various types from a relatively large number of establishments. Indeed, it is clear that whilst industry is responsible for the majority of our grit, dust and smell problems, domestic housing is responsible for the majority of our smoke problems, whilst the problem of sulphur dioxide results from both industrial and domestic causes. It followed from this that what was required was a drive to reduce all forms of air pollution from both industrial and domestic sources.

On the domestic side, when Teesside came into operation in 1968, the progress made to date for the whole area was quite disappointing. Some of the former authorities had made very good progress indeed whilst others had done little or nothing. Thus the new authority was faced with the task of trying to make up for the years that had been lost with this work. The position was made more difficult for the new authority as a result of the solid smokeless fuel shortage which, in some parts of the country, actually resulted in cancellation of existing smoke control orders. Thanks to the efforts of the Health Committee, we were able to maintain our local supplies of solid smokeless fuel and thus avoided the embarrassment of

having to cancel smoke control areas, but the shortage inevitably forced some slowing down in the pace of the work; a very disappointing feature for an authority faced with a backlog of work and a keeness to catch up. As soon as the solid smokeless fuel shortage was overcome, the authority greatly increased the staff engaged on domestic smoke control and in consequence by the end of 1972, there were 51,728 houses out of 129,247 in smoke control areas. If the work is carried on by the successor local authorities at the same rate as has been achieved by Teesside during the last 18 months, it will not be long before the whole area is covered by smoke control orders.

In the industrial field, work carried out by the Air Pollution Control Division and the Alkali Inspectorate has resulted in marked improvements in the position over the whole area—a fact which is clearly demonstrated by an examination of the various recording instruments in use in the town. Grit, dust, smoke and sulphur dioxide have all shown marked decreases. Ferric oxide deposits have not tended to improve at the same rate, although during the last 12 months a downward trend has also began to occur in these.

The Department has also been very concerned in seeing that in all new developments the best preventative measures against air pollution have been taken. In connection with the proposed new British Steel Corporation Plant at Redcar, a most detailed survey was carried out to assess the effects of the proposals at Redcar particularly and Teesside in general, and it is probably true to say that no previous industrial development has had such careful monitoring at the proposal stage. The Department has also endeavoured to see that there has been a proper planning relationship between new industry and existing housing and between new housing and existing industrial developments. It will be most unfortunate indeed if we were to perpetrate the same mistakes as were made by our Victorian forebears, i.e. putting new housing adjoining the factory walls.

During 1972, the Department published a leaflet 'Progress Towards Clean Air on Teesside' setting out details of the many improvements effected since the inception of Teesside and it is hoped to issue before the demise of the new authority a further report on our stewardship in respect of air pollution control.

Food Hygiene

In the early days of the Teesside County Borough Health Committee it was decided to institute a large-scale food hygiene campaign and this work has been pursued with great vigour throughout the whole of the authority's existence. It is difficult to make any detailed evaluation of the results of this work. Whilst we are still far from satisfied

with the food hygiene standards in some of our establishments, we do feel that there has been on the whole a considerable improvement. But here again this is work which must be pursued with unremitting vigour and enthusiasm if we are to achieve the standards which we would desire. What we can say with confidence is that the food hygiene work of the Teesside Corporation has received nation-wide recognition and that our activities are now being held up to the new local authorities as an example of how this type of work should be done.

General

I believe that in its short life Teesside Health Inspectors' Department has proved itself to be a virile and active organisation and one which has been achieving success in the many fields of activity with which it is concerned. I should like to make it clear that in my opinion such success that has been achieved has been due to the excellent co-operation of all the people concerned. The Health Committee throughout the life of Teesside has shown great interest and support for all environmental health activities. This has enabled us to carry out large and vigorous programmes of work which have proved interesting and worthwhile to the staffs engaged in them and this is one of the reasons which has enabled us to maintain nearly full establishments in a period when many similar-sized authorities have been working with large numbers of vacancies. Enthusiasm and interest always make for a good department and I cannot speak too highly of the support which I have received during the whole of the life of Teesside from the whole of the staff of the Department. Without the support of the Committee and the staff none of our achievements would have been possible.

Believing as I do that the Department's life, though short, has been successful, we can hardly be expected to welcome its end. Bearing in mind the achievements of its infancy, one could be tempted to think how much more might have eventually been achieved, but there is nothing to be achieved by nostalgically looking back. There are still many large and urgent tasks to be done in the environmental health field and all our attentions must be devoted to seeing that these are adequately dealt with. We must, therefore, look to the future in the hope that what has been done in Teesside will point the way to our successor authorities to carry on this work for the benefit of the people whom they will have the privilege to serve.

Environmental Health Division

Several of the responsibilities of the Public Health Inspectors are dealt with in the Teesside County Borough by specialist divisions. Details of these and the work which they have done follow in this report. All remaining duties

of the Public Health Inspector are dealt with by our Environmental Health Divisions, of which there are three. A western division covers Stockton, Billingham and Thornaby; a central division covers most of the old County Borough of Middlesbrough and parts of the Rural District of Stokesley; an eastern division covers Redcar, Eston and a little of the eastern portion of Middlesbrough. A Principal Divisional Health Inspector is in charge of each area and there are 18 inspectors working under their control.

Sanitary Inspection of Area

Nuisances	Found	Abated
Drains, including gullies, soilpipes and waste pipes	1,808	1,720
Defective sinks	33	31
Defective water closet basins and seats	91	101
Defective flushing apparatus	224	208
Defective water closet compartment and structure	86	66
Defective house roofs	268	268
Defective spoutings and/or rainwater pipes	333	276
Other defects of external fabric	169	160
Dampness	594	340
Defective wallplaster	157	155
Defective ceiling plaster	83	47
Defective internal woodwork	286	195
Defective external woodwork	146	81
Defective fireplaces, including cooking ranges	57	43
Defective and inadequate water supplies	189	144
Defective yard surfaces	27	36
Accumulation of rubbish and offensive matter	962	767
Improper keeping of animals	17	13
Inadequate and/or defective refuse bins	338	316
Ditches and water-courses	9	4
Miscellaneous	505	373

Repairs to Dwellinghouses

Unfit houses made fit and houses in which defects were remedied :—

	By Owner	By Local Authority
After informal action by Local Authority	1,181	—
After formal notice under Public Health Acts	443	—

Certain work completed during the period referred to notices served in the previous year.

Full information of Housing procedure is submitted to the Ministry quarterly.

Overcrowding

During the year 20 visits were made to houses known to be overcrowded.

Common Lodging Houses

Number registered	3
Number of keepers	3
Number of inspections	6
Number of lodgers who can be accommodated nightly	215

One common lodging house was closed during the year. The local authority was endeavouring to provide alternative accommodation for the charitable organisation which operated it, but before such provisions were completed the trustees decided not to continue.

Noise Nuisances

Sixty-eight complaints of nuisances from noise were received in the Department and 560 visits were made in connection with them. Many of these visits had to be made late at night or in the early hours of the morning. 50 complaints were found to be justified and 50 noise nuisances were remedied as a result of informal action. These included some nuisances outstanding from the previous year. The major cause of complaint seem to be of noise from road drills, static plant and machinery, or dogs barking at night and from clubs and discotheques. A special investigation into noise problems in boutiques, discotheques and night clubs was carried out during the year and a copy of the report is included in the Offices, Shops and Factories Section of this report.

Prevention of Damage by Pests Act, 1949

Properties other than sewers			Type of Property: Non-Agricultural	Agricultural
1.	Number of properties in district		148,104	146
2. (a)	Total number of properties (including nearby premises) inspected following notification		19,362	—
(b)	Number infested by	(i) Rats	1,351	—
		(ii) Mice	1,996	—
3. (a)	Total number of properties inspected for ratsand/or mice for reasons other than notification		121	167
(b)	Number infested by	(i) Rats	9	167
		(ii) Mice	28	—

In the Spring and Autumn of the year the Department carried out treatment of sewers for rodents in the Eastern, Central and Western areas of the Borough, the results being as follows :—

Number of manholes baited	2,678
Number of manholes showing complete bait taken	112
Number of manholes showing partial bait taken	83

Licensed Premises

There are 653 licensed premises and 156 registered clubs in the Borough. During the year 863 inspections were made and conditions were generally satisfactory with only a few minor contraventions being found.

Infectious Diseases

During the year 1,443 visits were made for the investigation and control of cases of infectious diseases.

Offensive Trades

Seven premises are registered in which the undermentioned offensive trades are operated :—

Fat Melting
Bone Boiling
Tripe Dealing
Gut Scraping
Tallow Melting
Hide and Skin Dealing

Thirty-five inspections were made during the year and it was found that the offensive trades were being conducted satisfactorily and the premises were generally well maintained.

Sanitary Accommodation of Theatres and Cinemas

There are 19 places of public entertainment within the Borough (14 cinemas and five theatres) and each of the premises was visited, which resulted in a good standard of cleanliness being maintained.

Tents, Vans and Sheds

There are seven caravan sites in the Borough, of which five are licensed and two others are used as winter quarters by members of the Showman's Guild. Members of this organisation are exempt from the provisions of the Caravan (Control and Development) Act, 1960.

Animal Boarding Establishments Act, 1963

Four premises were registered under the above Act and were satisfactorily conducted during the year.

Riding Establishments Act, 1964

Four premises were registered under the above Act. In all cases a detailed inspection of the premises was carried out by a Veterinary Surgeon and the premises were found to be satisfactory. Routine inspections were made during the year by the Health Inspectors.

Water Supply

The whole of the County Borough of Teesside is supplied with water by the Tees Valley and Cleveland Water Board. I am indebted to Mr. D. Gaskin, Chief Chemist and Bacteriologist, for the following information about the water supply.

As far as can be ascertained, all dwellinghouses within the area possess a piped water supply. The following tables show the results of chemical and bacteriological examinations made during 1972 of the various sources of supply :—

Broken Scar Supply

Analysis Summary 1st January to 31st December, 1972

Chemical Examination

No. of samples collected 36	Average	Maximum	Minimum
Ammoniacal Nitrogen	0.02	0.19	—0.01
Albuminoid Nitrogen	0.07	0.38	—0.01
Nitrite Nitrogen	—0.01	—0.01	—0.01
Nitrate Nitrogen	1.16	3.60	0.25
Oxygen absorbed from Permanaganate in 4 hrs. at 27°C	0.8	1.8	Nil
Colour (Hazen)	—5	8	Nil
Turbidity (F.T.U's) (A.P.H.A.)	0.6	2.5	0.1
pH	7.6	8.2	6.9
Free Carbon Dioxide	4	11	Nil
Alkalinity as $CaCO_3$	60	115	30
Carbonate Hardness as $CaCO_3$	60	115	30
Non-Carbonate Hardness as $CaCO_3$	45	75	20
Total Hardness as $CaCO_3$	105	180	75
Calcium Hardness as $CaCO_3$	85	125	65
Magnesium Hardness as $CaCO_3$	20	40	5
Chlorides as Cl	12	25	7
Silicates as SiO_2	3	7	1
Iron as Fe	—0.04	0.07	—0.04
Dissolved Solids (dried at 180°C)	155	230	105
Sodium as Na	7.6	13.0	4.4
Potassium as K	1.4	2.3	0.8
Conductivity at 20°C (micromhos)	230	360	165

— less than

(Results in mg/litre except where otherwise stated)

Bacteriological Examination

No. of samples collected for coliform test during the period	346
No. of samples showing **no** reaction for coliforms per 100 mls	338
No. of samples showing **no** reaction for E.coli per 100 mls	346

Lartington Gravitation Supply

Analysis Summary 1st January to 31st December, 1972

Chemical Examination

No. of samples collected 37	Average	Maximum	Minimum
Ammoniacal Nitrogen	0.03	0.08	0.01
Albuminoid Nitrogen	0.08	0.16	0.02
Nitrite Nitrogen	—0.01	—0.01	—0.01
Nitrate Nitrogen	0.37	1.00	—0.25
Oxygen absorbed from Permanganate in 4 hrs. at 27°C	3.4	4.6	2.0
Colour (Hazen)	30	50	20
Turbidity (F.T.U's) (A.P.H.A.)	0.9	2.0	0.5
pH	7.7	8.7	7.1
Free Carbon Dioxide	3	8	Nil
Alkalinity as $CaCO_3$	35	50	20
Carbonate Hardness as $CaCO_3$	35	50	20
Non-Carbonate Hardness as $CaCO_3$	25	45	20
Total Hardness as $CaCO_3$	60	80	45
Calcium Hardness as $CaCO_3$	50	75	40
Magnesium Hardness as $CaCO_3$	10	15	5
Chlorides as Cl	13	15	8
Silicates as SiO_2	2.2	3.5	1.5
Iron as Fe	0.14	0.44	0.04
Dissolved Solids (dried at 180°C)	110	145	85
Sodium as Na	4.5	5.6	3.6
Potassium as K	0.9	1.0	0.6
Conductivity at 20°C (micromhos)	135	170	110

— less than

(Results in mg/litre except where otherwise stated)

Bacteriological Examination

No. of samples collected for coliform test during the period	395
No. of samples showing **no** reaction for coliforms per 100 mls	388
No. of samples showing **no** reaction for E.coli per 100 mls	393

Long Newton Reservoir Supply

Analysis Summary 1st January to 31st December, 1972

Chemical Examination

No. of samples collected 17	Average	Maximum	Minimum
Ammoniacal Nitrogen	0.03	0.17	—0.01
Albuminoid Nitrogen	0.09	0.32	0.03
Nitrite Nitrogen	—0.01	—0.01	—0.01
Nitrate Nitrogen	0.62	1.70	—0.25
Oxygen absorbed from Permanganate in 4 hrs. at 27°C	2.3	3.5	1.6
Colour (Hazen)	10	20	5
Turbidity (F.T.U's) (A.P.H.A.)	1.3	3.5	0.4
pH	7.2	8.1	7.0
Free Carbon Dioxide	5	10	Nil
Alkalinity as $CaCO_3$	40	65	30
Carbonate Hardness as $CaCO_3$	40	65	30
Non-Carbonate Hardness as $CaCO_3$	40	50	25
Total Hardness as $CaCO_3$	80	100	60
Calcium Hardness as $CaCO_3$	65	85	55
Magnesium Hardness as $CaCO_3$	15	30	5
Chlorides as Cl	14	19	11
Silicates as SiO_2	2	4	1
Iron as Fe	0.10	0.28	—0.04
Dissolved Solids (dried at 180°C)	120	165	95
Sodium as Na	6.2	8.5	5.0
Potassium as K	1.0	1.3	0.8
Conductivity at 20°C (micromhos)	170	215	140

— less than

(Results in mg/litre except where otherwise stated)

Bacteriological Examination

No. of samples collected for coliform test during the period	348
No. of samples showing **no** reaction for coliforms per 100 mls	341
No. of samples showing **no** reaction for E.coli per 100 mls	345

Samples were also taken each quarter from various parts of the town for chemical examination. During the year, special tests for lead and other metals were carried out and all samples were satisfactory. The Corporation still has the duty of ensuring that the drinking water from various points in the Borough is pure and wholesome and this work is carried out by Health Inspectors. During the year, 102 samples were obtained for bacteriological examination; 101 of these were satisfactory and one was unsatisfactory. In the case of the unsatisfactory sample, immediate notification was given to the Water Board and prompt remedial action was taken by them.

Swimming Baths

There are 14 swimming baths in the area. Of these, eight are baths open to the public and six are at schools and similar establishments. Chlorination plants exist at each of these baths. A system of routine inspection of the baths and sampling of the bath water is operated by the Health Inspectors. During the year, 411 samples were taken; 406 of these were satisfactory and five unsatisfactory.

Radioactivity in Rainfall

Steps were taken to collect representative samples of rainfall over each quarter of the year and these were submitted to the Public Analyst for the assessment of the level of radioactivity in the area. The following reports were received :—

	Radioactivity of rainwater in micro-micro curies per litre, expressed as Strontium 90
January, February, March	12.5
April, May, June	12.0
July, August, September	7.7
October, November, December	8.2

Sewerage— Sewage Disposal

At the present time 85% of the domestic sewage from within Teesside County Borough is discharged without treatment to the tidal estuary of the River Tees, a further 10% is discharged, again untreated, from the coastal areas to sea via short sea outfalls, and the balance receives treatment at a works in the Billingham area.

In general the sewerage of the area is satisfactory, but existing sewage disposal arrangements are inadequate. Following the formation of Teesside County Borough on 1st April 1968 sewage disposal was one of the major problems examined by the new Authority.

In order to determine the most practical solution to the problem and to decide priorities, the Council set up advisory bodies with representatives from the Confederation of British Industries, local industrialists, the Northumbrian River Authority, Newcastle University, the Water Pollution Research Laboratory and the Department of the Environment.

As a result it has been decided that improvements in the condition of the River Tees represent the top priority and detailed proposals for dealing with this problem have been submitted to and approved in principle by the Department of the Environment. The ultimate object of the scheme is to restore the Tees to its former wholesome condition and it has been decided to adopt a progressive approach to the problem and one which will enable the capital expenditure to be phased. Stage I is estimated to cost £10m and the total cost to achieve the ultimate objective, £22m.

Work on the Teesside Sewerage and Sewage Disposal scheme formally commenced in November 1972 with the official laying of the first pipe of the Mandale Interceptor. This contract includes pipe thrusting and conventional tunnelling and together with similar contracts under construction represents over £2m. Further tenders valued at £6m are to be invited in 1973 and include sewage treatment works at Portrack, submarine pipe crossing of the River Tees, two pumping stations and further tunnelling work. Improvements at Billingham are already in hand and a contract to extend and modernise the existing sewage treatment works to provide secondary treatment will be completed shortly.

It is considered that the ultimate solution in respect of the coastal areas will require the construction of a long sea outfall. Investigations have already been made on the movement of surface layers on coastal waters, in the Tees Bay, geological and further factors affecting the location etc. of proposed sea outfalls and further research work is to be undertaken particularly in respect of the ecology of the Bay. Detailed proposals which will make provision for the whole of the coastal strip, including areas at present within the boundaries of neighbouring authorities, are being prepared.

Inspection of Food

The total weight of foodstuffs condemned, other than meat, was 30 tons 10 cwt. This can be classified as follows :—

	Tons	Cwts
Canned foods	13	—
Cooked meats	1	—
Fruit and vegetables	1	10
Frozen foods	12	—
Other foods	3	—
	30	10

Hygiene of Food Premises

Subject to Registration	Recorded in Department	Inspection
Fried fish shops	207	362
Ice cream producers	3	49
Ice cream dealers	911	2,107
Preserved food preparation	228	699
Not Subject to Registration		
Bakehouses	71	185
Catering establishments	565	1,144
Retail food shops	1,523	3,075
Market stalls	107	1,267
Other food premises	435	1,385

Provision of Wash Hand Basins and Sinks in Food Premises

Type of Premises	No. Subject to Reg. 16	No. Complying with Reg. 16	No. Subject to Reg. 19	No. Complying with Reg. 19
Fried fish shops	207	207	207	207
Ice cream producers	3	3	3	3
Preserved food preparation premises	228	228	228	228
Bakehouses	71	71	71	71
Catering establishments	565	565	565	565
Licensed premises	653	653	653	653
Retail food shops	1,523	1,523	1,523	1,523
Other food premises	435	435	435	435
Market stalls	107	107	107	107

Contraventions Found

Informal Action

Unsatisfactory conditions were found on 1,592 visits paid to the food premises previously enumerated. The following contraventions were remedied during the year :—

Defective/absence of adequate personal facilities	386
Defective/absence of equipment washing facilities	137
Absence of storage facilities for outdoor clothing	120
Disrepair of walls, floors or ceilings	605
Defective equipment and/or fittings	528
Inadequate refuse storage facilities	153
Inadequate lighting or ventilation	131
Inadequate protection of food against contamination	134
Lack of cleanliness of walls, floors or ceilings	1,011
Lack of cleanliness of equipment	524
Unsatisfactory sanitary accommodation	476
Unsatisfactory food handling methods	82
Other contraventions	598

Formal Action

Concerning	Number of Prosecutions	Number Successful
Foreign objects in food	5	5
Contamination or unsound food	5	5

Food and Drugs and Dairies Division

This Division is responsible for the sampling of food and drugs for chemical analysis and bacteriological examination, supervision of dairies, milk processing plants and premises used for the manufacture of ice cream and for the organisation of food hygiene education courses for food handlers. The Division is also responsible for the enforcement of the Rag Flock and Other Filling Materials Act and the Fertilisers and Feeding Stuffs Act.

The Food and Drugs Act, 1955 provides the basis for most of the legislation involved in food and drugs administration. This legislation provides comprehensive control over the manufacture, preparation and sale of food as regards its composition, adulteration, hygienic condition, fortification and sophistication, advertising and labelling.

The Food and Drugs and Dairies Division is staffed by a Principal Health Inspector and one Senior Health Inspector, and is responsible for the administration of this legislation as it affects all food sold in Teesside.

Food and Drugs Sampling

Chemical Analysis

During the year 952 samples were procured. Sixty informal samples of milk were tested in the Department and found to be genuine. The remaining 892 samples were submitted to the Public Analyst, Mr. Tennyson Harris, FRIC, FPS, MChemA, who reported upon 72 as being non-genuine. Details are given in the following tables :—

(i)

	Number of Samples		Non-genuine reports		Legal proceedings Instituted	Total number convictions secured
	Formal	Informal	Analysis	Labelling		
Foods	15	862	59	8	6	5
Drugs	—	75	4	1	—	—

(ii)

(a)	Samples taken for pesticide residues	17
	Samples containing residues above recommended limits	—
(b)	Samples taken for metallic contamination	76
	Samples found to contain metals above statutory limits	3

(iii) Foods sampled were in the following main categories :—

Sample	Number taken	Number unsatisfactory
Alcoholic beverages	21	1
Butter and margarine	10	—
Canned fruit	64	—
Canned meat products	113	6
Canned vegetables	22	—
Cheese	12	2
Cream	9	1
Fish products	23	3
Ice-cream	9	—
Meat products	221	29
Milk	70	1
Preserves	20	2
Sauces, pickles and vinegar	26	2
Sausages	103	13
Soft drinks	47	2
Tea and coffee	6	—
Soups	11	—

(iv) Details of non-genuine samples :—

Beefburgers—deficient in meat content	18
Beer colouring—incorrectly labelled	1
Brawn—deficient in meat content	3
Canned meat products—deficient in meat content	6
Cheese—incorrectly labelled	1
Cheese—lacquering detached from inner surface of can	1
Confectionery (sweets)—considered to be so small as to possibly cause an obstruction in the throat	1
Corned beef savouries—deficient in meat content	1
Cream—incorrectly labelled	1
Fish cakes—deficient in fish content	2
Fish fingers—deficient in fish content	1
Fruit pies—deficient in fruit content	1
Grapefruit juice—deficient in fruit content	2
Honey with liqueur—deficient in liqueur content	1
Jam—incorrectly labelled	1
Meat pies—deficient in meat content	7
Milk—dried milk substituted for fresh milk	1
Mincemeat with brandy—deficient in brandy content	1
Parrish's syrup BPC—containing dark brown deposit—old stock	1
Pickled onions—incorrectly labelled	1
Salad dressing mix—incorrectly labelled	1
Sausages—deficient in meat content	13
Skin lotion—incorrectly labelled	1
Vapour rub—deficient in essential oils	1
Wine—incorrectly labelled	1
Wine flavour—incorrectly labelled	1
Zinc and castor oil cream BP—not of pharmacopoeial quality	2
Total	72

Close attention has continued to be given to the sampling of foods which are manufactured in Teesside, to ensure, as far as possible, that when locally produced foods are sampled in other areas they will be found to be genuine.

Special arrangements made with the various Council Departments and local Hospital Management Committees who buy food, for samples to be taken from time to time to check the products they purchase continued during the year.

Where samples were reported by the Public Analyst as being incorrectly labelled, these contraventions were taken up with the manufacturers and packers and by the end of the year the majority had submitted amended labels for approval.

Bacteriological Examination

(1) Milk

There are six dairies in Teesside where milk is pasteurised and bottled and 529 visits were made to these during the year.

The number of licences under the Milk (Special Designation) Regulations 1963, in force during the year were as follows :—

Pasteurisers' licences	6
Dealers' licences—pasteurised milk	650
Dealers' licences—sterilised milk	440
Ultra heat treated milk	97
Untreated milk	20

A total of 425 samples (including 45 school drinking milks) was submitted to the Public Health Laboratory.

Untreated (raw) farm bottled milk continues to be sold in the County Borough with the possible risk of those consuming it contracting brucellosis. Each source of this type of milk is sampled weekly and it is pleasing to report that all samples proved to be free from infection.

Untreated Milk

Brucella Abortus (Ring Test)	
Number of samples submitted	94
Number of samples negative	93
Number of samples positive	1
Brucella Abortus (Culture Test)	
Number of samples submitted	1
Number of samples negative	1

Methylene Blue Test

Number of samples submitted	94
Number satisfactory	91
Number unsatisfactory	2
Test void	1

Heat Treated Milk

Pasteurised Milk

Phosphatase Test

Number of samples submitted	308
Number of samples satisfactory	308

Methylene Blue Test

Number of samples submitted	308
Number of samples satisfactory	294
Number of samples unsatisfactory	7
Test void	7

Sterilised Milk

Turbidity Test

Number of samples submitted	18
Number of samples satisfactory	18

Ultra Heat Treated Milk

Colony Count Test

Number of samples submited	5
Number of samples satisfactory	5

Rinse Samples

Milk Bottles

Number of samples submitted	22
Number of samples satisfactory	15
Number of samples unsatisfactory	7

(2) Ice-Cream

There are six premises in Teesside registered for the manufacture of ice-cream. 49 visits were made to these premises during the year. There are 611 premises registered for the sale of ice-cream and 2,107 visits were made to these premises.

The following samples were taken and subjected to the Methylene Blue Test :—

	Premises				Mobiles			
	I	II	III	IV	I	II	III	IV
Soft ice-cream	16	8	4	6	12	7	5	3
Other ice-cream	39	9	10	4	25	4	5	1

Grades I and II are considered satisfactory
Grades III and IV are considered unsatisfactory

Soft ice-cream	— Premises (34) samples) % satisfactory (Grades I and II)	70.5
Soft ice-cream	— Mobiles (27 samples) % satisfactory (Grades I and II)	70.3
Other ice-cream	— Premises (62 samples) % satisfactory (Grades I and II)	77.4
Other ice-cream	— Mobiles (35 samples) % satisfactory (Grades I and II)	82.8

(3) Other Foods

Sample	Number taken	Number unsatisfactory
Beefburgers	19	–
Coconut—desiccated	4	–
Flour confectionery	24	4
Fresh cream	134	15
Fresh milk concentrate	9	2
Goat's milk	5	–
Haggis	1	–
Liquid Egg	5	–
Meat—minced	40	–
Meat—potted	3	–
Meat—sliced	6	–
Meat paste	7	–
Meat Pies	25	–
Poultry giblets	83	21
Rice—fried and/or boiled	20	3
Savoury Ducks	2	–
Sausages	58	–
Shellfish	7	–
Udder	1	–

Food Hygiene and Food Safety

The Food Hygiene (General) Regulations, 1970, set out a code of hygienic conditions and practices which must be observed in all premises in which food is prepared, stored or sold. The Department carries out a planned system of routine inspections of food premises to ensure that these statutory conditions are complied with. Statistics are given elsewhere in this report which show the number and type of premises inspected and the contraventions found.

It has to be borne in mind that these statutory standards are minimum ones below which anyone falling is guilty of an offence and one would not like to see this minimum standard being accepted as the normal standards one should expect to find in food premises. Many premises in Teesside achieve high standards of hygiene well in advance of those required by the Regulations and it is the regular

practice of our Public Health Inspectors to endeavour to persuade others to follow their example. A great deal of this is achieved by the food hygiene educational programme to which reference is made later in this report. Another method by which it is hoped to achieve the same result is our system of comprehensive hygiene inspections of food premises.

Comprehensive Hygiene Inspections

The basic idea is the carrying out of a detailed inspection of food premises and everything in them which has any bearing upon the cleanliness, the quality and the purity of the food which is prepared in or sold from them. The modern conception of food hygiene includes the inception and maintenance of good clean conditions, procedures and practices, the absence of visible dirt and the reduction or removal of conditions likely to give rise to disease, contamination or adulteration of food. It involves itself with cleanliness, food standards, composition and labelling and covers all those aspects of food control, which go to ensure a safe and nutritious food supply for the consumer.

This definition provides the working base for the comprehensive inspection and allows coverage involving a great deal of discussion with management and special liaison between the Department, the Public Health Laboratory Service and the Public Analyst and resulting in a report based on the following outline, which for the main part is purely advisory in nature and indicates the standard of hygiene of the particular establishment and where necessary, makes observations and recommendations for its improvement.

Construction and Constructional Details and Cleansing of Structure

For the purposes of the report, each room or area is taken separately, described and commented upon, having regard to its design, construction and suitability in relation to the maintenance of satisfactory standards of hygiene.

Equipment and Cleansing of Equipment

Each item of equipment is looked at individually with regard to its use and relation to the handling, storage, preparation and dispatch of food. The equipment is described and commented upon having regard to hygiene, maintenance and use.

Foods

Each item of food manufactured is considered separately, ingredients are looked at and attention is given to the preparation, storage, treatment and dispatch of food. Special attention is given to the susceptible foods and the use of refrigerators.

Procedures

Particular attention is given to the procedures and practices involved in

a) Cleansing of premises and equipment

b) The treatment of foods and their use

c) The maintenance of structures and equipment

d) Laundry

e) Refuse storage and removal

f) Stock rotation

g) Procedures for ensuring the maintenance of satisfactory hygienic conditions

h) The prevention and notification of disease

i) The prevention, investigation and treatment of infestations

Each procedure is considered separately, described and commented upon having regard to hygiene efficiency and effectiveness.

Washing Facilities

Attention is given to the facilities available for food washing, equipment washing and personal washing. Each is looked at separately, described and commented upon in relation to the number, position, condition, design, suitability and effectiveness.

Personnel

For the purpose of the report, attention is given to the hygiene of personnel, which is described and commented upon, with regard to

a) Personal cleanliness

b) Protective clothing

c) Education of staff

d) Practices

At the present time, these comprehensive hygiene surveys of food premises are offered to local food manufacturers on a purely voluntary basis. The offer is available for them to accept or decline as they wish and they are given an undertaking that anything found in such a survey will not be used against them in the form of action under the Food Hygiene Regulations. Thus, at this stage, it is an advisory service carried out in depth. We have been so impressed with the value of these services that we are now asking ourselves whether this type of inspection should not be the basis for future inspections of food premises under the Food Hygiene Regulations. The Regulations are so widely drawn that there would appear to be a clear legal right

for the local authority to carry out inspections in such detail and an implied right for them to ask for the type of standards which we are at present advising. To do this would be a great step forward in our attempts to deal with food hygiene and to reduce the incidence of food poisoning and does appear to us to be the next logical step in this work.

Salmonellae in Frozen Poultry

In November, 1970, it was decided to carry out routine sampling of frozen poultry giblets from a selection of hotels and catering establishments within the Teesside area in order to obtain some indication as to the degree of infection and the identification of some of the salmonella types being introduced to the community in this way. It was arranged with the co-operation of the various selected establishments to procure samples of frozen giblets in polythene bags and to submit them to the Public Health Laboratory for examination for salmonella.

The Public Health Laboratory investigations included identification of the organism and its sero type and it was found that it was virtually inevitable that all establishments handling frozen poultry would one time or another be handling salmonella. It was decided therefore that there was urgent need for thorough detailed investigation of the handling techniques at all premises involved. This investigation took place during 1972, providing the following information.

Handling Techniques—Defrosting

Investigations revealed that in the majority of cases, frozen birds when required for use are taken from the refrigerator and defrosted in warm or cold water in one of the kitchen sinks, which may also be used for washing other food or equipment. It is important that if frozen birds are defrosted in these circumstances, proper sterilisation techniques are carried out after handling.

It was also found that in a number of cases a person preparing the uncooked poultry was also involved in handling other foods, sometimes cooked susceptible foods, most conducive to bacterial growth. It is important that personnel handling uncooked poultry do not handle other products at the same time, particularly meat and cream products, and if it is possible, separation of personnel and preparation should be arranged to prevent cross-contamination in this way.

Wiping Cloths

It was found that wiping cloths used for wiping down sinks and other surfaces after poultry preparation were used generally without sterilisation for wiping down other equipment, which could be used for cooked meats, desserts, etc. The dangers associated with this form of cross-contamination must be realised.

Handling and Drying Cloths

It appears that it is general practice for some chefs to carry with them in their belt a cloth which is used for handling hot equipment or for drying or wiping hands in the course of food preparation. If a chef is involved in uncooked poultry preparation as well as other food preparation, the dangers of cross-contamination from this cloth must be recognised.

Preparation

General procedure after birds have been defrosted is to take them from the sink and remove polythene wrapping and giblet bags either on the draining board or a separate table before placing it in the cooking receptacle. It is important that all knives and equipment are sterilised immediately after use and in no circumstances shall they be used for holding, containing or cutting cooked birds, meat or other susceptible foods or allowed to come into contact with such foods if not sterilised.

Cooking

If the contaminated bird is properly cooked, the salmonellae bacteria will be destroyed. It is important therefore that frozen food is properly thawed prior to cooking, allowing adequate heat penetration.

Stock Pots

In a number of hotels, the stock pot is still used and is usually charged with, inter alia, giblets which could be dangerous. The use of the stockpot is to be discouraged, particularly if poultry giblets are used as ingredients.

Pâte

The use of liver from frozen poultry involves the handling of giblets and introduces all those problems of cross-contamination and bacteria multiplication associated with the handling of meat itself, and more. It is important that the same precautions be taken to prevent cross-contamination of bacteria multiplication.

Temperature Control

Normal procedure after cooking, it would appear, is to allow the poultry to stand in either kitchen or a separate store, sometimes a dry goods store, in order that they may cool sufficiently before they are placed in a refrigerator or chiller if not required for immediate use.

It is important in these circumstances that the cooked birds are cooled as quickly as possible in a situation where they are not liable to be contaminated. After cooling, the poultry should be refrigerated, and here it is important that there be separation in refrigeration of cooked and uncooked foods.

Re-heating

Re-heating from the point of view of prevention of bacteria multiplication must be regarded as a most dangerous and undesirable practice; caterers involved in this practice must be made fully aware of the risks they run and the dangers not only to their reputation but to the health of the public they serve.

Hand Washing

In all establishments hand washing facilities were provided, consisting of wash hand basins, hot and cold water, soap, towel and nailbrush. In view of the risk of cross-contamination, it is desirable to have separation of facilities for hand washing so that the facilities provided for personnel involved in raw meat and poultry preparation, could be separate from those for personnel handling cooked products.

Detergents

In a number of cases, household detergents are used in equipment washing and service washing. It is recommended that they be replaced by detergents having anti-bacterial properties or detergent sterilisers, particularly when washing down after poultry preparation.

Conclusion

The presence of salmonellae in frozen poultry cannot be detected by the naked eye; they have no effect on the colour, smell or taste of the bird. Only laboratory tests can tell if salmonella is present. Up to now, our results lead us to believe that one out of three birds might be affeffcted. It is reasonable to assume that all establishments in Teesside handling frozen poultry will at some time be exposed to risk of contamination. This presents a real threat to the health of the community in Teesside.

Food Hygiene Education

It has constantly been the policy of the Department to provide information on food hygiene for local traders and it is felt that, although satisfactory standards of food hygiene can be achieved to a certain extent by the use of legal codes and regulations, ultimate success with the attainment of even higher standards depends essentially on continuous food hygiene education.

Attention continued to be given during the year to the organisation of food hygiene education for food handlers employed in Teesside in a variety of ways.

1. The education of the food handler from large establishments where it is possible to arrange courses on the premises of the firm concerned.

2. Arrangements of courses in local council offices for the small shopkeeper.
3. The education of the food handler employed by Teesside C.B.C.
4. Courses arranged in conjunction with the Teesside hospitals.
5. Special informal courses for management at large food firms.
6. Informal talks and lectures to school children and students at schools and technical colleges.
7. The Royal Society of Health Course in respect of the Certificate in Hygiene and Food Retailing and Catering held at a college of further education.

A number of informal talks to women's groups, Townswomen's Guilds and other organisations was given throughout the year.

The Department's booklets and leaflets on food hygiene and clean food handling continued to be in great demand during the year and requests for copies were received from a variety of countries including Australia, New Zealand, Sweden and Israel.

Departmental booklets comprise the following :—

1. The Housewife's Guide to Food Hygiene, (A booklet giving advice to housewives on food hygiene standards and the work of the Public Health Inspectors' Department in this section).
2. Clean Food Handling, (A booklet giving information on the causes and prevention of food poisoning and used in particular with lectures in this connection).
3. Hints for Food Handlers, (A booklet distributed to all food handlers throughout Teesside, giving them information concerning food hygiene standards and food poisoning).
4. A Guide to Food Standards, (A small booklet giving information on compositional requirements in relation to foodstuffs and distributed to members of the general public throughout Teesside).
5. Food Shop Hygiene, (A booklet giving the shopper hints of food hygiene and advice on what to look for and how to assess standards of shops patronised).
6. Hygiene in Cafes and Restaurants, (A booklet similar to the Food Shop Hygiene booklet giving information to the consumer concerning food hygiene in catering premises).

7. Poultry Salmonella Infection, (Food Hygiene Bulletin issued to all catering establishments reminding caterers of the dangers involved in the handling of frozen poultry and giving advice on bacterial multiplication and cross-contamination with the aim of preventing outbreaks of food poisoning occurring).

A new publication was produced during the year for distribution for both the food trader and the general public. This was Hygiene in Public Houses—a booklet giving the consumer hints on food hygiene and advice on what to look for and relating in particular to the hygiene of food and drink handling.

The newcomer to the food hygiene education programme introduced in 1971 improved in popularity throughout 1972. This comprised the 'Mini Lecture', a lecture on a pre-arranged food hygiene subject, which lasts no longer than 20 minutes and is given to the food handling staff at their place of employment early in the day, i.e. 9 a.m.—9.30 a.m. This lecture can be given to all sections of the food trade and has aroused the interest of in particular, the larger food retailers with a number of branch shops where it is found that the 'mini lecture' can be fitted into the existing training programme. It is hoped in future to introduce this type of lecture to many more of the smaller traders.

Throughout the year constant pressure was maintained on the food trade by way of advisory circulars to persuade food handlers to take part in food hygiene education and in general the response was fairly good. Greater involvement, however, is undoubtedly necessary particularly amongst the smaller traders if standards are to be improved.

Details of the courses held during the year are set out below :—

a) **St. John Ambulance Certificate**

Number of courses held	26
Number of candidates attending	240
Number of candidates successful	222

The 222 candidates came from the following types of premises :—

Hospitals	38
Industrial Canteens	141
Food Distributors	43

b) **Royal Society of Health Course for the Certificate in Food Retailing and Catering**

Number of courses held	1
Number of candidates attending	12
Number of candidates successful	12

Rag Flock and Other Filling Materials Act, 1951

Premises registered	7
Samples submitted	10
Formal samples submitted	—
Informal samples submitted	10
Samples not conforming to standard	1

Details of sample not conforming

Layered felt which did not satisfy one of the standard tests of cleanliness. Last of the vendor's stock. Warning letter sent to manufacturer (outside Teesside). Follow up sample from further delivery satisfactory.

Fertilisers and Feeding Stuffs Act, 1926

Samples submitted	41
Formal samples submitted	—
Informal samples submitted	41
Samples conforming to declaration	36
Samples not conforming to declaration	5

Details of samples not conforming

Two samples of feeding stuff (poultry growers' mash) from a local manufacturer with the percentage of fibre greater than the amount stated and outside the permitted limits of variation. Warning letter sent. The figures on the statutory statement have been amended by the manufacturer. Follow-up sample satisfactory.

One sample of feeding stuff (sow and weaner concentrate) from a local manufacturer with the percentage of oil greater than the amount stated and outside the permitted limits of variation. The manufacturer has ceased production of this feeding stuff. One sample of feeding stuff (chick growers mash) from a local manufacturer with the percentage of oil less than the amount stated and outside the permitted limits of variation. Warning letter sent. Follow-up sample to be procured when this feeding stuff is again manufactured—Spring, 1973.

One sample of feeding stuff (summer dairy nuts) from a local manufacturer with the percentages of oil and protein greater than the amounts stated and outside the permitted limits of variation. Warning letter sent. Follow-up sample to be procured when this feeding stuff is again manufactured—Summer, 1973.

Meat Inspection Division

The Meat Inspection Division of the Department comprises one Principal Health Inspector, two Senior Health Inspectors, eight Authorised Meat Inspectors and a Technical Assistant—Diseases of Animals Act Inspector. It has as its main responsibility the task of ensuring that all carcase meat produced for human consumption at abattoirs within the authority is free from disease and prepared under proper standards of hygiene, with humane standards of slaughter being maintained during the process.

These functions are controlled by legislation and the main regulations administered by the Division are The Meat Inspection Regulations 1963 and 1966, The Slaughterhouse (Hygiene) Regulations 1958 and 1966, the Slaughter of Animals Act 1958 and The Slaughter of Animals (Prevention of Cruelty) Regulations 1958.

The administration of the local authority functions of the Diseases of Animals Act, 1950 and the many orders and regulations made under this Act are also the responsibility of the Meat Inspection Division. The purpose of this Act and its orders and regulations which appertain to the live animal is to minimise the risk of spread of notifiable disease in animals. This legislation covers the movement, transport and importation of animals, the importation of carcases and similar products and, in addition, lays down the procedure to be adopted in the disposal of infected carcases, together with subsequent cleansing and disinfection processes.

The Division, because of its contact with agricultural holdings, is also responsible for administering certain provisions of the Agriculture (Safety, Health and Welfare) Act, 1956, relating to the welfare of persons employed on farms, etc.

The Meat Inspection Regulations, 1963-1966

These regulations make it the statutory duty of every local authority to examine in detail every animal slaughtered for human consumption at abattoirs within its district. Every carcase must be inspected according to the set procedure detailed in the legislation, and provided it is certified as fit, must be stamped with the local authority mark. Numbered inspection stamps are used so that if necessary, reference can be made back to the particular officer who has carried out each inspection, should this be required.

The slaughtering of animals for meat for human consumption is carried out at seven abattoirs within the authority. Three of these premises, one each at Billingham, Thornaby and Lazenby, are limited to supplying facilities for individual private butchers, whilst the other four are large enough to warrant meat inspection personnel being employed at each premises on a full-time basis.

The four larger premises are as follows :—

1. Messrs. W. Devis & Sons Ltd. (British Beef Ltd.), Cargo Fleet, Middlesbrough.
2. The Tees-Side Wholesale Meat Co. Ltd., Marton, Middlesbrough.
3. The Stockton Butchers' Slaughtering Co. Ltd., Cattle Market, Yarm Road, Stockton-on-Tees.
4. The North Eastern Co-operative Society Ltd., California Street, Stockton-on-Tees.

Of these the largest by far is the modern factory abattoir of Messrs W. Devis & Sons which was opened in 1968 and incorporates the latest mechanical line dressing systems. A bacon factory is included and it is one of only a limited number of abattoirs in the country which holds an export licence to export meat to countries of the European Economic Community.

The remaining three are somewhat smaller, with the one at Marton being operated by a local firm of meat wholesalers who supply many of the private butchers in the area. The Cattle Market Abattoir is operated by the Stockton Butchers' Slaughtering Co. to serve their mutual needs, and similar to the Marton one, is less than ten years old. The Co-operative Society Abattoir is of course much older but has been kept up to standard with a series of modernisation schemes.

The throughput of animals slaughtered and inspected at abattoirs within the authority rose during 1972 by about 15,000 to well above the 300,000 mark and probably reflected the increase brought about by export to the E.E.C. countries. Comparative figures of animals slaughtered during previous years are as follows :—

Year	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs	Sows and Boars	Total
1968 (9 months)	18,709	1,681	272	66,389	84,106	1,698	172,855
1969	26,197	2,387	297	82,465	145,784	2,477	259,613
1970	35,375	2,475	136	90,658	173,127	2,549	304,330
1971	29,285	3,067	108	85,243	175,661	2,668	296,032
1972	28,856	2,150	64	86,940	190,300	2,446	310,756

The Slaughterhouses (Hygiene) Regulations 1958-1966

The Division has the responsibility for ensuring that all abattoirs within the authority comply fully with these Regulations, and constant supervision of each premises is exercised for this purpose. The Department is always seeking ways and means to improve techniques during production which will enable higher standards of hygiene to be achieved and generally speaking the degree of co-operation with the management of the various premises towards this end has been most satisfactory.

The task of maintaining high standards of hygiene during slaughtering processes, thus avoiding cross-contamination from such things as hides, pelts, etc. is of prime importance and yet animals in various states of cleanliness are still allowed to be consigned into slaughterhouses in this country. It has long been felt that some control might be exerted under specific Regulations to ensure that producers supply animals in a reasonable state of clean-

liness for entry into an abattoir. In this context schemes have at times been put forward for some form of pre-washing facilities to be arranged for animals prior to slaughter after they have arrived at the slaughterhouse, but these it is suggested are not practicable with the exception of pigs which at some premises already receive this treatment. In the case of cattle and sheep any pre-washing would, it is felt, only increase the problems of possible contamination. It is to be hoped that the Ministry will soon be able to solve this so difficult problem.

Routine bacteriological swabbing of working surfaces and equipment at various abattoirs has again been carried out with results proving that daily cleansing processes are being carried out quite satisfactorily. Swabbing of sewers conveying abattoir wastes has also been carried out on a regular basis with varying results being obtained. Although some positive results have been received no pattern has evolved and investigations are continuing.

Water samples procured at regular intervals during the year from all abattoir premises were again found to be satisfactory.

The Slaughter of Animals Act, 1958

Under the provisions of this Act, slaughterers are licensed to show they are competent in the use of stunning instruments to ensure that all animals are slaughtered as humanely as possible. The number of persons on the register for 1972 who had a full slaughtering licence granted under the above Act was 96, whilst five others, mainly apprentices and improvers, held provisional licences which allowed them to slaughter under the supervision of a fully qualified slaughterman for a probationary period.

The Slaughter of Animals (Prevention of Cruelty) Regulations 1958

Strict implementation of these Regulations is necessary to ensure that at all times whilst animals are awaiting slaughter they are treated as humanely as possible. Emphasis regarding sufficiency of water, feed and bedding for them during this period is always given.

Meat Inspection Statistics

The following tables give a statistical record of the work of the Division, including details and categories of the carcases inspected, together with details of some of the specific diseases and conditions for which carcases and offal were rejected.

Meat Inspection Charges

The Meat Inspection Regulations 1963 and its Amendment 1971 permit local authorities to make a charge for meat inspection up to the following maximum rate :—

Cattle	18p per head
Pigs and Calves	5p per head
Sheep	4p per head

This authority charges the maximum rates and the amount levied for 1972 was £18,674.

Table 1

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs	Sows and Boars
Animals slaughtered	28,856	2,150	64	86,940	190,300	2,446
Animals inspected	28,856	2,150	64	86,940	190,300	2,446
Affected Carcases						
All diseases or Abnormal Conditions other than Tuberculosis or Cysticercosis						
Whole carcases condemned	17	17	7	74	161	21
Part carcases or organs condemned	8,941	1,108	1	9,243	66,936	275
Percentage numbers inspected found affected	31.04	52.325	12.50	10.72	35.26	12.10
Affected Carcases						
Tuberculosis Only						
Whole carcases condemned	—	—	—	—	1	—
Part carcases or organs condemned	35	1	—	—	2,638	83
Percentage number inspected found affected	0.121	0.046	—	—	1,386	3.39
Affected Carcases						
Cysticercosis Only						
Whole carcases condemned	2	—	—	—	—	—
Part carcases or organs condemned	44	3	—	90	—	—
Carcases treated by refrigeration	44	3	—	—	—	—
Percentage numbers inspected found affected	0.159	0.14	—	0.103	—	—

The total number of animals slaughtered and inspected was 310,756 and of this 89,862 or 28.92% were found to be affected with some disease or abnormal condition.

Table 2 Whole Carcases Rejected — Disease Classification

Disease	Cattle excl. Cows	Cows	Calves	Sheep	Pigs	Sows and Boars
Abscesses (multiple)	1	—	1	1	57	6
Anaemia	1	2	—	—	—	1
Arthritis (multiple, septic)	—	1	—	3	29	—
Bleeding (imperfect)	—	1	—	6	13	—
Cysticercus Bovis	2	—	—	—	—	—
Cysticercus Ovis	—	—	—	1	—	—
Emaciation (with Oedema)	3	8	—	48	6	8
Fever (acute)	1	1	1	2	7	1
Immaturity	—	—	1	—	—	—
Jaundice	—	—	—	1	2	—
Leukaemia	—	—	—	—	1	—
Machine damage	—	—	—	—	9	—
Mastitis (acute septic)	—	1	—	1	—	—
Melanosis	—	—	—	1	—	—
Metritis (Acute septic)	—	1	—	2	—	—
Oedema	1	—	—	—	—	—
Peritonitis (acute septic)	—	1	1	—	3	1
Pleurisy (acute septic)	—	—	—	—	2	—
Pnuemonia (acute septic)	3	—	1	1	4	—
Pyaemia	—	—	1	—	11	—
Pyelonephritis (with Oedema)	1	—	—	—	—	1
Septicaemia	6	—	1	1	5	1
Swine Erysipelas	—	—	—	—	4	1
Trauma (extensive)	—	1	—	6	5	—
Tuberculosis (generalised)	—	—	—	—	1	—
Tumours	—	—	—	—	2	1
Uraemia	—	—	—	—	1	—
Totals	*19	17	7	*74	*162	21

* **Note :** In addition 1 beast, 32 sheep and 135 pigs died of natural causes either in lairage or in transit and were not presented for meat inspection.

Table 3 Summary of Condemnations — Disease Classification

DISEASE	CATTLE excl. Cows		COWS		CALVES		SHEEP		PIGS		
	Beef	Offal	Beef	Offal	Veal	Offal	Mutton	Offal	Pork	Offal	TOTAL
	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.
Abscesses	621	30985	112	1632	85	30	188	561	19767	4574	58555
Actinomycosis/bacillosis	–	1354	–	32	–	–	–	–	6	6	1398
Arthritis	25	–	615	92	–	–	332	18	8922	377	10381
Anaemia	220	96	1358	190	–	–	–	–	–	–	1864
Blood Aspiration	–	69	–	–	–	–	–	–	–	4913	4982
Blood Splashing	–	–	–	–	–	–	113	95	20	11	239
Brucellosis	–	–	–	125	–	–	–	–	–	–	125
Cirrhosis	–	12	–	12	–	–	–	–	–	231	255
Congestion	–	134	–	–	–	–	–	138	–	183	455
Contamination	–	1160	–	4	–	–	–	94	253	1223	2734
Decomposition	–	–	–	–	–	–	40	11	–	5	56
Emaciation with Oedema	1106	426	2635	802	–	–	1578	465	1811	218	9041
Emphysema	–	10	–	50	–	–	–	–	–	8	68
Enteritis	–	18	–	–	–	–	–	–	–	88	106
Fever (acute)	460	98	520	74	150	30	83	20	1214	129	2778
Food aspiration	–	1195	–	205	–	–	–	4	–	–	1404
Immaturity	–	–	–	–	25	4	–	–	–	–	29
Imperfect bleeding	–	–	620	110	–	–	229	12	1852	185	3008
Inflammation	–	261	–	348	–	–	–	228	–	24684	25521
Jaundice	–	–	–	–	–	–	42	12	220	28	302
Leukaemia	–	–	–	–	–	–	–	–	144	15	159
Machine damage	–	–	–	–	–	–	–	–	1543	39	1582
Mastitis	–	–	655	1402	–	–	44	13	–	70	2184
Melanosis	–	406	–	12	–	–	37	15	–	–	470
Miscellaneous conditions	–	18	–	8	–	–	–	8	–	46	80
Metritis	–	–	650	90	–	–	125	27	–	–	892
Natural death	530	–	–	–	–	–	1467	–	19997	–	21994
Parasites Ascaris	–	24	–	–	–	–	–	–	–	39622	39646
C. Bovis	1260	4643	–	312	–	–	–	–	–	–	6215
C. Ovis	–	–	–	–	–	–	–	69	–	–	69
Fluke	–	40930	–	5348	–	–	–	4209	–	–	50487
Unclassified	–	426	–	52	–	–	–	5893	149	62	580
Pericarditis	–	661	–	32	–	–	–	41	–	1617	2351
Pneumonia	770	4576	–	116	70	24	35	3859	261	47177	56888
Peritonitis	–	1838	540	464	120	30	–	83	557	28714	32346
Pyaemia	–	–	–	–	60	10	–	–	1030	139	1239
Pyelonephritis	320	110	–	–	–	–	–	–	300	40	770
Septicaemia	1934	600	–	–	20	8	72	12	810	101	3557
Skin abnormality	–	–	–	–	–	–	–	–	1737	51	1788
Swine Erysipelas	–	–	–	–	–	–	–	–	736	77	813
Telangiectasis	–	966	–	2124	–	–	–	–	–	–	3090
Trauma (incl. bruising)	1660	84	1987	142	–	–	550	37	6597	87	11144
Tuberculosis	–	772	–	18	–	–	–	–	20019	11696	32505
Tumours	60	32	–	–	–	–	–	4	447	41	584
Uraemia	–	–	–	–	–	–		–	90	12	102
Pleurisy	–	6117	–	210	–	–	–	158	156	1981	8622
TOTALS	8966	98021	9692	14006	530	136	4935	16086	88638	168450	409460

The total amount of carcase meat and offal rejected as unfit for human consumption at the time of inspection was 182 tons 16 cwts 11 lbs. A further 4 tons 10 cwts 28 lbs was subsequently rejected at the Meat Depots associated with abattoirs, mostly for decomposition caused by refrigeration failures or similar storage problems.

Diseases

Tuberculosis

The incidence rate of carcases recorded as being affected with tuberculosis within the authority over the past years is shown below :—

	Cattle (excl. Cows)	Cows	Pigs	Sows and Boars
	%	%	%	%
1968	0.102	0.059	3.050	3.48
1969	0.157	*2.010	2.511	3.23
1970	0.124	0.040	2.180	4.43
1971	0.154	0.032	1.590	2.43
1972	0.121	0.046	1.386	3.39

* abnormal figure due to excessive number of reactors sent in to one particular abattoir.

During 1972, 36 cases of suspected tuberculosis were detected in bovine carcases during routine meat inspection at abattoirs within the authority. In all cases specimens of the suspected lesions were submitted for laboratory examination to the Divisional Veterinary Office of the Animal Health Division of the Ministry of Agriculture, Fisheries and Food. In addition, details of the breed, colour, ear tag numbers and, where possible, the name and address of the supplier of each animal were passed to the Ministry so that the herd from which each affected animal was derived could, if possible, be traced and then most probably tested. The main aspect of this exercise is that for various reasons many young cattle arriving at slaughterhouses may not have been subjected to tuberculin testing on the farm and consequently any detection of tubercular lesions in such stock during meat inspection procedure is of definite interest to the Ministry.

It is to be noted that tuberculosis in pigs continued to show a steady decline.

Brucellosis

Brucellosis reactors continued to be received at abattoirs within the authority on odd occasions but in very limited numbers. Seventeen in 1970, 12 in 1971 and only six in 1972 showed this trend. Disposal of such reactors can of course be made through various specified livestock markets and this may well be the reason for the decline in numbers. It is known however that one particular abattoir in the authority refuses to accept known brucellosis reactors because of the possible danger of transference of this disease in the form of undulant fever to members of its staff.

Cysticercus Bovis

The comparative incidence rate of this parasitic affection of bovines, of importance because it is a stage in the development of a tapeworm which can affect man, since 1968 is shown below :—

	1968	1969	1970	1971	1972
Total number detected	110	121	91	40	49
% number inspected	0.49%	0.42%	0.24%	0.12 %	0.16%

The reduction over the past five years is most marked and must be directly connected with the fact that the number of imported cattle slaughtered within the authority has declined considerably over this same period. Judgement on carcases affected with localised Cysticercus Bovis is made in this authority in accordance with the recommendations given in the Ministry Circular F.S.H. 30/66.

Other Diseases

The total amount of carcase meat and offal rejected in abattoirs in this authority in 1972 for all conditions and diseases was just over 182 tons and of that amount it is interesting to note that almost 46 tons were rejected due to parasitic infection. As in previous years, liver fluke in cattle and sheep and the roundworm Ascaris in pigs constituted the main percentage of this figure which one feels is unnecessarily high. Obligatory treatment of infected pastures in the case of liver fluke would, it is suggested, lower the incidence of this particular parasite and make substantial savings in the amount of liver rejected for this complaint.

As in other years the disease pattern generally followed a similar course with the incidence of pneumonia in pigs at 24.2% being slightly lower than last year. Tail biting in pigs has again fallen and at an incidence rate of 0.6% gives an indication that producers may well be overcoming this distressing habit in pigs which has in the past caused economic losses in carcase meat.

Trichinosis

The Department has continued to co-operate with the Ministry in the supply of specimens of pig muscle for laboratory examination for the presence of the parasitic worm, Trichinella spiralis which, although transmissable to man, is very uncommon in this country. It is interesting to note that of the 120,000 specimens (approximately) collected in this country for this examination during the past year, 5,000 (approximately) were supplied from this authority.

Emergency Slaughter

Numbers of animals continue to be sent to abattoirs within the authority for emergency slaughter with the majority being destined for one particular slaughterhouse having close contact with the local farming community. The occupiers of this abattoir have in the past stipulated that such 'casualties' should be accompanied by a veterinary practitioner's certificate stating the reason for the requested 'emergency slaughter' procedure and this system operates most admirably. In 1972, 49 animals were accepted under this scheme of which eight were totally rejected as being unfit for human consumption.

Unfit Meat

A very important function carried out by the Division is to ensure that all carcase meat and offal rejected as unfit by meat inspection personnel is disposed of under appropriate control. Under the provisions of the Meat (Sterilisation) Regulations 1969 all rejected meat must either be sterilised before leaving the abattoir or transported in properly marked locked containers to an authorised processing establishment. This latter method is adopted within the County Borough and the vehicles used for this purpose are regularly checked to ensure compliance with these Regulations.

Under the same regulations control is exercised over the sale of unfit meat from pet shops, which is permitted provided the meat in question has been sterilised. During the year covered by the report, some 13 visits were made to pet shops to ensure compliance with this particular provision of the Regulations.

Distribution and Transport of Meat

The Division has, as one of its duties, to implement the provisions of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966 with reference to the transport of carcase meat and offal. The standards laid down by these Regulations are, unfortunately, very minimal and it is to be hoped that the entry of the country into the Common Market will result in an early acceptance of their standards of meat transport which require carcase meat to be individually hung during transit in vehicles which are temperature controlled.

During the past year some 449 checks and/or inspections were made of meat delivery vehicles which operate from abattoirs within the authority. Regular visits and inspections, 513 in all, were also made to the meat depots associated with the distribution of meat from abattoirs.

Poultry Processing Establishments

There are no poultry processing establishments as such within the County Borough and no more than 500 head of poultry are slaughtered weekly within the District Control, however, is exercised at the retail shops, mostly Moslem butchers, where slaughtering does take place, 202 visits for this purpose being made during the year.

Ministry Veterinary Officers

Acknowledgement is again made to the co-operation received from the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food and his staff during the year.

Veterinary Research Centre

Similar acknowledgement is also made to the Veterinary Investigation Officers of the Ministry of Agriculture, Fisheries and Foods' Veterinary Centre at Thirsk with reference to reports on some 20 pathological specimens submitted during the year.

Diseases of Animals Act Administration

Diseases of Animals Act 1950

This Act and the many Regulations made under it, cover routine preventative measures which must be implemented irrespective of whether any outbreaks of notifiable disease in animals exist within the area or not. Administration of such routine preventative measures entails regular visits to some 200 allotments and 60 or so farms within the County Borough where livestock is housed, the animal population of the County Borough governed by this legislation being something in the order of 3,000 head of cattle, 4,000 pigs, 4,000 sheep and 40,000 head of poultry. In addition the transport provisions of the appropriate legislation, mainly regarding animal welfare and records, apply to the vehicles which deliver the 300,000 head of livestock annually to the various abattoirs within the County Borough.

Statistics regarding these and other routine preventive visits and inspections are as follows :—

The Movement of Animals (Records) Order, 1960/61

Stockholders who move livestock from place to place must record movements, so that animals perhaps suspected of conveying disease can, if necessary, be traced. During 1971, 108 visits were made to premises in connection with this Order.

The Disease of Animals (Waste Foods) Order 1957

This Order governs the disposal of waste food containing meat, bones, etc. from canteens and restaurants, etc. intended for use for the feeding of pigs and poultry and ensures that such material must be boiled prior to use. Premises which contain boiling plants used for this purpose must be licensed by the local authority and require constant supervision to ensure reasonable standards are maintained. The number of licensed boiling plants at present situated within the authority is 60 and during 1970, 223 visits were made to such premises under the provisions of the Order.

The Regulation of Movement of Swine Order 1959

This Regulation governs the movement of pigs sold at markets under licences issued by the local Diseases of Animals Act Authority. The records of movements of such animals are required should it be necessary at any time to trace stock suspected of being diseased or in contact with disease.

(a) Swine Movement Licences issued at Stockton Cattle Market

1. To abattoirs within the County Borough	168
2. To other premises (i.e. allotments) within the County Borough	1
3. To premises outside the County Borough	155
	324

(b) Swine Movement Licences received for attention from other Authorities

1. To abattoirs within the County Borough	556
2. To other premises within the County Borough	161
	717

Under the provisions of this Order, 260 visits were made to premises within the authority to check that the required segregation of any stock moved under licence was taking place.

The Importation of Cattle Orders

These Orders control the movement of imported cattle into the country. Forty-seven visits were made under the provisions of these Orders. No movement licences were issued but 55 were received for attention from other authorities.

The Importation of Dogs and Cats Order 1928 (and amendments)

These Orders deal with restrictions imposed on the importation of dogs and cats and as a matter of routine mainly apply to animals on board ships. Generally speaking, the Port Health Inspectorate implement such routine measures in liaison with the Department, although in 1972 some 30 visits were made by the Division to ships in dock with respect to this legislation.

The Transit of Animals (Amendment) Order 1931 (and amendments)

This Order and subsequent amendments deal with certain provisions regarding the cleaning and construction of vehicles used for transporting livestock. In addition, it

requires records to be kept regarding the movement of animals, necessary in the event of tracing animals suspected of being in contact with disease. Some 30 vehicles were checked under the provisions of these Orders in 1972.

Stockton Cattle Market

The sale of livestock from the above market is held weekly and control is exercised by inspectors from the Division in the issue of licences authorising the movement of pigs. Oversight regarding prevention of cruelty is maintained to a certain extent under the provisions of The Markets (Protection of Animals) Order 1964. This ensures that if livestock are held overnight, feeding and watering provisions are implemented.

Miscellaneous Legislation

The Division made some 263 visits during the year in implementing many of the miscellaneous items of legislation connected with animal disease and welfare made under the Diseases of Animals Act 1950. Specific reference might be made to a visit made under the Animals (Sea Transport) Order 1930 relating to ensuring that the animal welfare provisions were being complied with in the transport of 20 pedigree pigs to South Africa. A complaint regarding cruelty was investigated on board the cargo ship conveying these animals and was found to have no foundation.

Notifiable Diseases

Foot and Mouth Disease

Whilst no further outbreaks of Foot and Mouth Disease have occurred in this country since the 1967-1968 outbreak, a virus infection of pigs identical to this disease made its appearance in early December on a farm in Staffordshire. This disease, previously unknown in this country, has been given the name Swine Vesicular Disease and the Swine Vesicular Disease Order 1972 made this disease notifiable and made implementation of similar controls to Foot and Mouth Disease a requirement when an outbreak was detected.

The fact that in December some 13 outbreaks were notified entailing the slaughter of some 3,922 animals to this date, restricted to certain Southern Counties of the country, suggested that the spread of this disease might well develop more fully in 1973.

Swine Fever

No further outbreaks of this disease occurred in 1972, the last recorded incidents being in 1971.

Fowl Pest

Although sporadic outbreaks were reported within the United Kingdom during 1972, no outbreaks were reported within the County Borough.

Rabies

Again no cases were reported in 1972 with the last case in this country being in February 1971.

Anthrax

No cases were reported within the County Borough during the year although one bullock, 32 sheep and 135 pigs which died either in transit to abattoirs or in abattoir lairages were checked as suspects as a precautionary measure.

Remarks

During the year, inspectors of the Division made regular visits to allotments, smallholdings and farms to implement the various items of legislation applicable to animal disease and welfare. On many occasions they were able to offer advice to stockholders on various aspects of this legislation. They continue to be available for this purpose.

The Agriculture (Safety, Health and Welfare Provisions) Act 1956

This Act makes it the duty of the local authority to ensure that there is adequate sanitary accommodation available at all agricultural premises where persons are employed. During 1972, 60 visits were made for this purpose.

Air Pollution Control Division

Air pollution has remained a subject of interest and debate as part of the general increase in concern in relation to the environment in which we live. It is understandable perhaps, that on Teesside where we have very large industrial complexes, including chemical, petro-chemical and iron and steel, we should often be the centre of publicity. It is perhaps regrettable that in the main Teesside tends to be seen as a highly polluted entity, when the more balanced picture is one of a varied situation in which it must be recognised that there are parts of the area which leave a good deal to be desired, whilst others can compare favourably with other non-industrialised areas of the country.

Whilst there is certainly no complacency in relation to the problem which still remains, the results obtained from a comprehensive monitoring system referred to later, do at least give indications that a steady general improvement is being effected. The popularity of this particular section of the Department's work can be judged by the number of requests received for speakers from the Air Pollution Control Division to address meetings at a wide range of societies and industrial groups and to lecture to school and college students.

Domestic Smoke Control

In the last Annual Report we referred to a decision made by the Health Committee to accelerate the domestic smoke control programme substantially, although this could not be put into full effect in that year. During 1972, the acceleration of the programme began to take effect. The number of technical assistants engaged on the work was doubled and as a result some 14,865 houses were included in 11 Orders. By the end of 1972 there were 29 Orders actually in operation, which covered 51,728 houses (16,312 acres). This included the Teesside Nos. 7, 8, 9 and 'B' Orders, totalling 7,039 houses in addition to some 2,144 new houses which had been built in existing smoke control areas.

The following further Orders which had been made by the Council were confirmed by the Secretary of State for the Environment during 1972 :—

	Operative Date
Teesside 9A	1st June 1973
Teesside 9B	1st July 1973
Teesside 10	1st October 1973
Teesside 'C'	1st July 1973
Teesside 'D'	1st June 1973
Teesside 'E'	1st October 1973

The total of houses involved in these Orders is 5,606 (720 acres).

The following Orders were made but at the end of the year were still awaiting confirmation by the Secretary of State for the Environment :—

Teesside 'F'
Teesside 'G'
Teesside 11
Teesside 12
Teesside 13

These Orders involve a total of 9,259 houses (2,801 acres).

Preliminary surveys were also well advanced by the end of the year on four further Orders covering some 6,000 houses, for submission to the Council in the early part of 1973. Thus, work was already in progress by the end of the year, which would bring a total of 72,593 houses into smoke control with the prospect of this accelerated rate of progress being continued in 1973. The total number of houses in the Borough was 129,247 (a total acreage of 49,107).

Further reference is made to smoke control under 'general remarks' in connection with the Clean Air Council's Panel on Domestic Smoke Control in the Northern Region.

Air Pollution from Industrial Sources

Whilst the improvement in relation to air polution affected by plant closures referred to in the previous report, was maintained, it is disappointing to note that the difficulties experienced in the new Basic Oxygen Steelmaking plant at Lackenby had not been resolved by the end of the year. Although the high efficiency flooded disc scrubbers controlling the main emissions continued to be successful, escapes of fume from the main building were not brought under control. However, a meeting with representatives of the British Steel Corporation and members of the Council was held, at which the British Steel Corporation representatives confirmed the advanced stage of their investigations into means of containment of this fume. However, final design, detail and construction were likely to take up to 12 months before completion.

Reference must once again be made to the cupolas at an Iron Foundry, which although fitted with wet spark arrestors, have proved a nuisance over many years due to the amount of very fine particulate matter emitted arising from the type of materials being melted. After successful meetings between the Council's officers and their Consultant with the firm concerned, agreement was reached for the installation of a high efficiency flooded disc scrubber. It was hoped that this particular problem would be resolved in 1972, but although the installation was virtually completed at the 31st December, there was some delay in connection with the installation of electrical equipment. In view of the length of time that this problem has been with us and the fact that the new emission control equipment has now been provided, it is hoped that there will be a successful conclusion in the early part of 1973.

Routine inspections of all possible emission sources has progressed and a number of conversions of underfeed stokers, the emissions from which have been unsatisfactory, have been or are being converted to alternative fuels.

Some specific problems worthy of mention arose during the year. In the first of these a smell which was initially thought to be gas, resulted in the evacuation of officers and elected members from the Town Hall. It was quickly established that it was a general atmospheric smell, the source of which was rapidly located and dealt with as a result of an emergency investigation by the Air Pollution Control Division. It arose from an excavation in connection with a new industrial site which had uncovered some organic material and this was giving off a complex gas which, although highly odorous, was not toxic at the concentrations present. The firm concerned gave immediate co-operation, the section of excavation causing the trouble being concreted over without delay.

In the second, a chemical had leaked into the ground causing a build-up of a potentially dangerous gas in and around a workplace. This came to the notice of the Department some time after the commencement of the trouble, as a complaint of a strong smell. On initial sampling of the gas, the building was evacuated until satisfactory conditions were re-established.

On another occasion, the department received a crop of complaints of grit and dust deposits on window ledges, etc. from residents living in a particular area of the Borough. After microscopic examination of the grit and dust and analysis of the wind patterns over the days in question, the source was pin-pointed. It was discovered that a fault had developed at a plant, previously undetected and this was rectified immediately.

Monitoring

In the field of air pollution monitoring a large scale extension to the existing grid was undertaken. The principal purpose in doing so was in relation to the research programme which was instituted with a view to investigating the correlation, if any, between levels of air pollution and the health of the community within the Borough. By the end of the year, some 20 daily smoke and SO_2 survey instruments were in use in addition to the existing grid of 15 instruments operating in conjunction with the National Survey. The use of the 35 deposit gauges was continued and to this pattern of instruments three sites were developed at which more sophisticated monitors were sited, together with meteorological instruments. Whilst complete installations at each of these three sites had not proved possible by the end of the year, three Phillip's continuous SO_2 monitors were installed and at two sites wind speed and direction indicators were also added. Both the SO_2 monitors and wind indicators were coupled to continuous chart recorders. At each of these three sites a daily SO_2 and smoke instrument was also sited and at one of the sites temperature and humidity were recorded on a thermograph and hydrograph respectively. It is hoped that additional meteorological instruments will be added at the other sites during the forthcoming year. It is also intended that a sequential smoke sampler will be located at each of the comprehensive sites referred to, but although these had been ordered fairly early in the year, one only was delivered and this proved unsuccessful and was returned to the manufacturer. These instruments are undergoing a complete re-designing and by the end of the year assurances were given that the instruments would be available in the early part of 1973.

General

Elected members and officers of the Health Inspectors' Department continued to meet industrialists throughout the year to discuss problems of air pollution. In the domestic smoke control field, the Council was called upon to meet

the special Panel of the Clean Air Council, which was set up to examine the progress of domestic smoke control in the Northern Region. The Council, having already embarked on a much accelerated smoke control programme, was able to satisfy the Panel of the adequacy of their efforts in this field.

The demand for information on air pollution from students and others continued throughout the year, and on an increasing number of occasions the Air Pollution Control Division provided speakers at the request of a variety of organisations. In addition, both through the Central Office of Information and otherwise, visitors from home and abroad were received and given information on air pollution problems in relation to Teesside, the improvements which have been realised over recent years and information about the comprehensive monitoring system currently being established.

Standard Deposit Gauges

Site	Tons per square mile			
	Insoluble solids		Ferric oxide	
	Monthly average over 1972	Monthly average over 5 yrs.	Monthly average over 1972	Monthly average over 5 yrs.
Billingham Area				
Crawford's Shop	15.69	29.83	2.65	4.55
Haverton Hill P.O.	11.20	17.56	1.57	2.39
Malvern Road	3.51	5.08	0.61	0.98
Braemar Road	6.57	6.45	0.67	0.88
Cornwall Crescent	6.18	11.31	0.89	1.91
Beamish Road	5.70	7.67	0.57	0.86
Hostel, Melrose Avenue	5.13	5.19	0.62	0.82
Campus, Bede Hall	6.61	6.23	0.91	0.93
Harrow Terrace	7.50	10.95	1.55	1.98
Eston Area				
Cleveland House	19.33	15.81	7.50	7.07
Lanny's, Grangetown	11.76	11.60	4.02	4.17
Labour Exchange	27.30	34.81	9.25	13.20
Crossbeck Convent	7.43	7.08	1.71	1.89
Lazenby	5.32	5.21	1.35	1.18
Middlesbrough Area				
Stockton Road	5.51	5.32	0.59	0.85
Cannon Street Gas Works	5.93	7.86	1.14	1.58
Easterside	2.67	5.24	0.52	1.08
Harbour Master's Yard	5.22	6.84	1.16	2.02
South Bank Road	9.99	20.47	2.79	9.28
Brambles Farm	5.78	12.71	1.51	3.12
The Gables	5.61	6.88	1.18	1.67
Acklam High School	3.83	10.21	0.52	1.31
Burlam Road	3.22	5.55	0.96	1.01
Parkside	6.84	7.79	1.01	1.32
Redcar Area				
Municipal Buildings	8.15	7.26	2.51	2.10
Coatham C.M. School	5.26	6.08	1.49	1.58
Kirkleatham	2.23	4.29	0.49	0.79
Dormanstown	7.52	7.89	2.92	2.71
Warrenby	7.55	9.98	2.72	3.72
Yearby Bank	2.89	—	0.42	—
Stockton Area				
Quayside Mission	9.74	10.33	1.77	2.82
Oxbridge Cottage	3.47	4.05	0.54	0.65
North End Recreation Ground	11.07	11.32	1.08	1.61
Thornaby Area				
Village Park	4.83	4.60	0.76	0.81
Francis Street	8.69	7.97	1.38	1.53

Smoke Filters and Sulphur Dioxide Readings

Micrammes per cubic metre of air per day — average values

	Smoke				Sulphur Dioxide			
	1972		Average over 5 years		1972		Average over 5 years	
	Winter	Summer	Winter	Summer	Winter	Summer	Winter	Summer
Billingham Area								
Campus School	43	20	50	18	67	36	78	34
Power Station	42	25	—	—	52	14	—	—
Eston Area								
Clinic, Normanby	72	42	113	44	76	54	61	46
Town Hall	63	33	94	38	133	90	145	71
Albert House Clinic	181	86	216	83	155	95	174	83
Middlesbrough Area								
Health Department	120	54	190	66	92	47	151	66
Acklam High School	36	18	43	22	61	33	65	46
St. Alban's Hall	209	101	268	86	152	66	184	78
Park End Clinic	40	22	53	26	60	38	76	44
Redcar Area								
J. E. Batty School	65	28	82	36	89	52	—	—
'Teeswold' Coatham Road	65	26	87	34	81	55	92	47
Mersey Road Garage	65	31	95	54	55	39	—	—
Stockton Area								
Hartburn School	39	17	64	25	86	44	83	51
North End Rec.	99	33	—	—	58	25	—	—
Norton High Street School	70	31	—	—	61	29	—	—

— Figures not available

Housing Division

This Division, staffed by one Principal Health Inspector, four Health Inspectors and three Technical Assistants, has as its main responsibilities all duties in connection with slum clearance and houses-in-multiple-occupation, dealing with Qualification Certificates, applications for compulsory improvement and preliminary surveys and reports for general improvement areas.

Slum Clearance Programme

The implementation of the Council's Slum Clearance Programme continued throughout the year and representations were in accordance with the targets put forward.

Details of the areas represented are shown below :—

	Unfit houses (pink property)	Fit houses and other (grey property)	Total
Teesside No. 62 (Millers Place, Thornaby) CPO	62	23	85
Teesside No. 63 (Barnard St., Thornaby) CPO	23	6	29
Teesside No. 64 (Henrietta St., Thornaby) CPO	116	31	147
Teesside No. 65 (Parliament St., M'bro) CPO	30	—	30
Teesside No. 66 (Jubilee Rd., Eston) CPO	12	2	14
Teesside No. 67 (Garrett St., M'bro) CPO	215	22	237
Teesside No. 68 (Upper Princess St., South Bank) CPO	93	14	107
Teesside No. 69 (Victoria St., Stockton) CPO	123	27	150
Teesside No. 70 (Watson St., M'bro) CPO	198	14	212
Teesside No. 71 (Reed St., Thornaby) CPO	10	—	10
Teesside No. 72 (Church St., North Ormesby) CPO	142	5	147
Teesside No. 73 (Bargate St., North Ormesby) CPO	93	13	106
Teesside No. 74 (Upper Graham St., South Bank) CPO	241	48	289
	1,358	205	1,563

The revised clearance programme of approximately 11,500 houses for the period 1968/81 is still being vigorously tackled and by the end of the year some 7,680 had been dealt with by being included in Housing Compulsory Purchase Orders or in other schemes and it is anticipated that future representations will be as follows :

1973	1974	1975	1976/81
1,750	810	260	1,000

During the year, 5,098 inspections and visits were made by officers of the Department in connection with the clearance programme work.

Housing Act, 1957

Individual Houses

Section 16 : Sub-section 4	
Number of acceptances of undertakings from owners that property will not be used for human habitation	4
Section 17 : Sub-section 1	
Number of houses in respect of which a Closing Order was made	4
Number of houses in respect of which a Demolition Order was made	—
Number of houses demolished as a result of a Demolition Order	5
Section 18 : Sub-section 1	
Number of houses affected by closing of basement rooms	—

Houses in Multiple Occupation

The number of properties coming within this category for which records are maintained has increased to 250. Although this is a numerical increase of 50 over the figure quoted in the last annual report, the new additions are well above this figure. Many properties were removed from the records during the year, mainly because they had reverted to single household occupancies or had been vacated prior to demolition due to being included in unfit housing Compulsory Purchase Orders. The number of premises inspected during the year totalled 322 which involved the inspection of about 1,750 individual lettings.

The introduction of the Fire Precautions Act 1971 required owners of boarding houses providing sleeping accommodation for over six persons, including staff, to obtain a Fire Certificate. The responsibility for ensuring satisfactory means of escape from such properties was transferred to the local Fire Authority. Consequently there was a reduction in the number of premises where it was necessary for such works to be requested and supervised by staff of this Department.

The enforcement of the regulations applicable to houses-in-multiple-occupation to student accommodation was the subject of much discussion with representatives of the Teesside Polytechnic, the principal cause for concern being the adverse effect on the number of properties which remain on offer when the owners are informed that the property must comply with the relevant code of standards.

Progress in having houses-in-multiple-occupation brought up to an acceptable standard is generally a slow process. Efforts in this direction are hindered by frequent changes in ownership and letting arrangements within the properties, and a number of tenants do not fulfil the responsibility to maintain their own lettings to a satisfatory standard.

Housing Act 1969 and Housing Finance Act 1972

Qualification Certificates

In July 1972 the legislation relating to Rent Control and Qualification Certificates was modified with the introduction of the Housing Finance Act 1972 and it will now be possible for a landlord to obtain a Certificate of Fair Rent without first being issued with a Qualification Certificate, depending upon the rateable value of a property. The highest rateable value properties are to become regulated on the 1st January 1973 and subsequent groups are to be brought out of control every six months over the following $2\frac{1}{2}$ years, with the lowest rateable values being last affected.

Qualification Certificates are still needed, however, if a property is to be brought out of control before the specified date for regulation. Agents and owners have been informed of the advantages in applying for Certificates of Provisional Approval before starting works on properties which lack the standard amenities. They are also able to have fair rents registered before commencing improvements, which is beneficial to the tenant in that preparation for payment of higher rent can be made several months prior to those increases being effected.

Houses with all the Standard Amenities Provided

The total number of applications for Qualification Certificates under Section 44(1) Housing Act 1969 and Section 28(1) Housing Finance Act 1972 in respect of dwellings which contain all the standard amenities and are in a good state of repair is 1,474.

Progress in dealing with these applications is shown in the table below :—

	1969/70	1971	1972
Qualification Certificates issued	197	603	109
Qualification Certificates refused	16	106	35

In addition to the above during 1972, 89 schedules of repair were sent to applicants and Qualification Certificates will be issued when the works required have been completed.

The main reason for refusal of Qualification Certificates was the lack of one or more of the standard amenities and all applicants were invited to re-apply under Section 29(1) Housing Finance Act 1972. There were also 29 applications during the year which were found to be invalid for many varying reasons and these were all withdrawn.

Houses Lacking one or more of the Standard Amenities

Applications for Qualification Certificates under Section 44(2) Housing Act 1969 and Section 29(1) Housing Finance Act 1972 in respect of dwellings which are to be brought up to the qualifying standard by provision of the standard amenities, numbered during the year 267. It was possible to issue 136 Certificates of Provisional Approval where applicants' proposals were found to be satisfactory.

As during the previous year, there was close liaison with many owners and estate agents and an additional 148 inspections were carried out at tenanted houses lacking any of the standard amenities. A total of 283 comprehensive schedules of repair have now been provided, indicating the extent of improvement and repair works needed to bring these properties up to the qualifying standard. This has encouraged an increase in the applications for Certificates of Provisional Approval from 72 in 1971 to 267 in 1972.

General Improvement Areas

During the year the Director of Housing's prepared schemes for modernisation of pre-war Council houses continued to make good progress.

In the private sector, the staff of this Division made 295 visits in connection with the preparation of general improvement areas and in December the Council's second General Improvement Area, Wentworth Street, Middlesbrough, was declared.

Offices, Shops and Factories Division

The authority's responsibilities for securing a satisfactory working environment for those workers employed in certain offices, shops and factories, are enforced by the provisions of the Offices, Shops and Railway Premises Act 1963, the Factories Act 1961, the Shops Acts 1950-1965, the Young Persons (Employment) Act 1938 and regulations made under the Acts. These Acts deal with the basic environmental factors which must be observed in order to secure the health, welfare and safety of workers.

Offices, Shops and Railway Premises Act 1963

Report on the enforcement of the Act during the year ending 31st December, 1972.

Introduction

Local authorities are required, at the end of each year, to submit a report outlining the working of the Act in respect of office and shop premises in their area. In addition to prescribed statistical information, the Secretary of State for Employment welcomes a narrative report giving additional information of special and general interest describing practical problems arising in the daily enforcement of the Act. This report summarises the administration and enforcement during 1972.

With certain exceptions, all offices, shops and railway premises are subject to the Act, which provides for the health, welfare and safety at work of nearly 8,000,000 persons in some 750,000 premises. In Teesside, there were approximately 32,365 persons employed in 3,559 premises for which the Council has enforcement responsibilities.

The physical condition of shop and office employment remained largely outside statutory control until the Offices, Shops and Railway Premises Act of 1963 extended to workers in commerce standards of protection similar to those in factory legislation. Since its introduction it has been a genuinely effective measure in raising standards of employee safety, health and welfare and contains basic guidelines for assuring these standards in the future.

In addition to the Act, supplementary legislative measures have been introduced from time to time to deal with particular matters and hazards, and lay down minimum standards below which premises and equipment must not fall. These measures include standards for washing facilities, sanitary conveniences, first-aid, dangerous machinery, hoists and lifts.

The tremendous pace at which redevelopment has taken place within the County Borough of Teesside has been of great assistance in so far as it has led to the demolition of many out of date shops and offices. But the construction of new buildings and the improvement of others have brought fresh problems. The use of new materials, machinery and processes has necessitated constant surveillance to ensure that the health, welfare and comfort of workers have been adequately safeguarded and every possible effort has been made to ensure that working conditions in these new developments showed definite improvements over those existing in the premises they replaced.

It has always been the aim of the Health Inspectors' Department to go further than the mere enforcement of the Act but rather by research, education and publicity to obtain the highest possible working standards for those employed in our offices and shops. We have pursued this policy because we believe that good standards are in the best interests of employer and employee alike. To this end we have regularly published advisory bulletins on health, welfare and safety and carried out regular investigations into lighting and other standards. During 1972 a special investigation was carried out on noise levels in clothing boutiques, discotheques and night clubs. A copy of the report upon the investigations appears later in this section.

Staff

The responsibility for enforcing the local authority's health, welfare and safety functions is that of the Offices, Shops and Factories Division of the Health Inspectors' Department. The Division is staffed by a Principal Health Inspector, two District Health Inspectors and two Technical Assistants. All matters concerning the working environment are dealt with, as are local authority functions under the

Factories Act, 1961, the Shops Act, 1950/65 and the Young Persons (Employment) Act 1938.

In certain food premises the work of the Division is supplemented by District Health Inspectors where they are responsible for enforcing food hygiene requirements. This enables a greater number of general and routine inspections to be obtained.

The specialist Division co-ordinates the work of the Department in this field and offers advice on particular problems as they arise. A continuous inspection programme is arranged in an endeavour to ensure all premises receive a general inspection at least once in every period of two years. Advisory leaflets are prepared on health, welfare and safety matters, and staff are available to address meetings and give talks to employees on subjects allied to safety and health.

Registration of Premises

The total number of registered premises at the end of 1972 was 3,559, a reduction of two on the figure at the end of 1971. The new status quo is accounted for by the replacement of property, cleared in older parts of the town, by office blocks, departmental stores, estate shopping precincts and supermarkets.

Few new occupants register their premises with the local authority although it is a requirement of the Act that they should. It is an important duty, for when carried out, it enables an early inspection to be made to ascertain whether employees are working under satisfactory conditions. Of the 284 new registrations, 75% were discovered as a result of systematic checks on the use of premises within the area.

Number of Persons Employed in Registered Premises

The number of persons employed in the various classes of premises is shown in Table 'C' of the appendix, the total being 32,365. Additional to these, persons are employed in crown offices, local authority offices, railway premises and offices attached to factories, all of which offices are inspected by H.M. Inspector of Factories. The Act thus ensures the health, welfare and safety of a large number of workers in Teesside.

General Inspections

Every premise is required to have a general inspection to determine the overall standard of compliance with the Act and on these occasions every effort is made to examine thoroughly the premises, processes and machinery within the building. 1972 was a year of continuous progress with 1,861 premises receiving a general inspection. Details of classes of premises inspected are shown in Table 'A' of the appendix.

Re-inspections and other visits

With all inspection programmes visits have to be made to ensure correction of contraventions. These are made at intervals of a few days to two months following a general inspection. They are of considerable value and enable occupiers and inspectors to discuss fully the specific requirement of the Act and the best remedial measures to be applied.

Visits are also made in connection with complaints, notification of accidents and in cases where the advice of inspectors is specifically required. Efforts are made to inspect buildings under construction to ensure structural contraventions are obviated.

Throughout the year 3,505 visits were made in addition to the 1,861 made for the purpose of carrying out general inspection.

Notices Served

Infringements of the Act noted during a general inspection are brought to the occupier's attention and in certain cases followed up with written confirmation. During the year 3,209 contraventions were detected and letters sent. In 1972, 934 notices were complied with in respect of 2,887 contraventions.

Complaints

Following the pattern of previous years, few complaints were received concerning conditions in office and shop premises. Of those received, insufficient heating headed the list and in all but one case, when legal proceedings were instituted, they were resolved satisfactorily. The national power cuts, and gas conversion schemes, were the cause of several heating complaints, but with co-operation and the ability to improvise, occupiers overcame their difficulties. Other complaints received concerned petrol fumes in office blocks, cyclohexane gas entering an office building, noise in a print room and overcrowding. All were investigated and advice given.

Prosecutions

Every effort is made to ensure contraventions are remedied by means other than legal proceedings, but when undertakings are not implemented, the law must take its course. We are fortunate in that most employers are willing to provide satisfactory working conditions whilst many afford facilities in excess of legal requirements. However, during 1972 proceedings had to be instituted against the occupiers of three premises when fines amounting to £89 were imposed.

Accidents

All accidents, which result in the death of an employee or prevent him from following his usual form of work for more than three days, must be notified to the local authority. No fatal accidents were recorded during the year but there was a rise in the number of other accidents compared with those notified in previous years. The following table indicates the trend in the number of accidents from all causes received over the past five years.

Year	Number of Accidents
1968	142
1969	139
1970	145
1971	123
1972	172

There were 172 accidents notified during 1972, an increase of 31% over the previous year. The largest percentage increases were where employees had been struck by falling objects (poor stacking and handling techniques), transport accidents (use of fork lift trucks and pallet tracks) and machinery accidents. Many of these accidents could be said to be due to human failure, especially failure of the individual sustaining the injury. But, on close examination, one must question whether or not the human failure was more likely due to management and supervisors, remote from the scene of the accident, who failed to provide the right tools for the job, or who failed to manage properly, or who failed to train and educate their employees in correct techniques. 'Safety first' should give way to 'training first'. There is no excuse for ignorance in commercial hygiene and accident prevention. The Department of Employment, safety organisations and the Health Inspectors' Department produce between them literature covering all aspects of safety and can help train and educate employees in aspects of safety and hygiene aimed at reducing accidents. All that is required of management is for them to use the facilities.

During the year an increase in injuries arising from improper lifting and carrying of materials was noted. An advisory leaflet was produced by the Health Inspectors' Department and distributed to all offices and shops in the County Borough drawing attention to the need for care and highlighting the principal points for lifting and carrying without injury. Talks were given to many shop assistants on the subject. Advisory leaflets were also distributed in connection with the 'Use of Knives', 'Floors, Passages and Stairs' and 'Safety in the Use of Food Slicing Machines'. Booklets in the Department of Employment's new Health and Welfare series were widely recommended and have

been found extremely useful in putting over essential points.

As with previous years, the list of most common causes of accidents is led by 'Falls of Persons' 27.9%, followed by 'Improper Handling of Goods', 22.6% and 'Stepping or Striking Against Objects', 12.3%. The following table illustrates the distribution of accidents and their primary cause.

	%
Falls of persons	27.9
Handling of goods	22.6
Stepping on or striking against objects	12.3
Machinery	8.2
Transport	8.2
Handtools	7.5
Struck by falling object	5.8
Fires and explosions	0.6
Other causes	6.9
	100.00

Reported accidents have been analysed according to principal causes and are shown in table 'G'. There was more likelihood of a woman employed in offices and shops having an accident than a man, the accident rates being respectively 5.5 and 4.9 per 1,000 employed persons. This is a complete reversal of what occurred in 1971. Warehouses and wholesale premises had the highest accident rate of 14.1 per 1,000 followed by shops 12.8 per 1,000, catering premises 9.8 per 1,000 and offices 1.1 per 1,000. No accidents were reported from fuel premises.

An indication of the kind of accidents notified to the local authority may be obtained from the following brief decription of incidents.

1. Falls of persons frequently follow in the wake of material spilled over floor surfaces. Spillages can occur without the knowledge of employees as in the case of a shop assistant who slipped on a wet floor, breaking her hip.

2. Equipment, no matter how simple in consruction, should always be examined at regular intervals to ensure it is safe and free from defects. In the course of her normal duties, a shop assistant was using a comparatively new step ladder when, in reaching the top tread, the tread collapsed. The assistant fell to the floor sustaining severe bruising to her back and gazing her legs.

3. Injuries to the head and toes frequently follow from articles being dropped or falling from a height. An assistant was placing a shelf in position when due to it not being correctly secured, it fell damaging her toes.

4. The careless use of hand tools can give rise to serious hand injuries as in the case of a butchery trainee who, whilst using a cleaver in the preparation of meat, lacerated his thumb, necessitating several stitches on his arrival at hospital. Good training and conscientious supervision can help reduce the number of these accidents.

5. Good lighting as a contribution towards the reduction of accidents can never be overstressed. An employee sustained injuries to his back when he fell on unlit stairs whilst investigating the cause of a strange noise. With good lighting this accident need not have occurred.

6. Unnecessary obstructions in gangways and lack of communication as in the following accident can give rise to serious injury. An assistant was moving a pallet truck loaded with one ton of sugar when it became wedged against material obstructing the passageway. He called for assistance and without warning his colleague to stand clear, lowered the heavily laden pallet onto the helper's foot, fracturing her toes.

7. In spite of warnings to the contrary, assistants persist in using dangerous machinery, the dangerous parts of which are not adequately fenced. An experienced assistant nearly lost her thumb when slicing meat in a food slicing machine by placing her hand inside the feed chute to operate the carriage. Management is at fault for having unfenced dangerous machinery on the premises, and for allowing employees to use such machines.

8. Man made hazards are frequently encountered in shop sales areas, endangering the life and limb of customers as well as assistants. Display units are placed in passageways and sales areas to such an extent that they impede progress and stifle sales. One young lady severely cut her leg, which later became septic, as a result of striking against a badly-positioned display unit.

9. It is regrettable that a person's natural exhuberance and desire to help can often result in injury. A shop assistant, anxious to help during a busy period, lost the tip of two of her fingers in a food slicing machine. Without having first had training and unknown to the manager she used the machine. Training must be the prelude to action where dangerous machinery is concerned.

10. Most back injuries and strains follow from the incorrect handling of materials or attempting to lift articles which are too heavy to handle. A shop assistant severely strained his back and chest attempting to lift a bath. He should have asked for assistance before attempting to lift the article.

11. In spite of warnings that employees should not travel from one height to another on the forks of a fork lift truck, an employee stood on the forks to descend from an upper level to the ground floor—he over-balanced trapping a hand between the boom and bodywork of the truck.

12. Good hygiene practices are essential following injuries which lead to puncturing of the skin, and stress the importance of keeping first-aid boxes up to standard. Many minor injuries can lead to septic conditions if left unattended as in the case of a workman who knelt on a tack whilst fitting an office carpet. This gave rise to blood poisoning and his absence from work.

General Observations on the Enforcement of the Act

Cleanliness

A reasonably good standard of cleanliness prevails in most offices and shops, with conditions varying according to the class of premises and the nature of the work undertaken. Better standards would exist if it were not for the high cost of cleaning and the difficulty in finding suitable staff to undertake the necessary work.

To secure a clean and wholesome environment in certain premises, notices had to be served in respect of 487 cleansing infringements, an increase over previous years which may indicate the reluctance or difficulty on the part of some occupiers to provide reasonable minimum conditions. Only in two instances had legal proceedings to be used to secure a clean and satisfactory working environment.

Overcrowding

No serious cases of overcrowding were discovered; of the 12 occasions when overcrowding was noted, nine were resolved and at the end of the year the remaining occupiers were taking measures to ameliorate conditions. Lack of space for expansion in existing offices has resulted in several occupiers seeking new accommodation.

Temperature

The provision of suitable and sufficient heating in offices and shops seldom poses problems. However, difficulties did arise during February and March when restrictions on

the use of electricity were introduced. Most people, whilst not reaching the statutory minimum temperature of 16°C, managed to keep warm by resorting to the use of oil heaters and liquid petroleum gas burners. Concern was felt at times over the state of some of the temporary equipment and the conditions under which it was used. Precautionary advice had to be given, particularly in relation to the use of liquid petroleum gas in unventilated areas.

The proprietor of one shop was prosecuted when he persistently ignored requests to provide suitable and sufficient heating for his employees. With snow on the pavements, the temperature inside the shop was the same as that outside.

Ventilation

Suitable provision for the circulation of fresh air must be made in all places where persons are employed to work. Most people meet minimum standards but fail to recognise the advantages in health, comfort and efficiency obtainable from a planned ventilation system. Inadequacies in the ventilation of buildings are frequently noted at the planning stage when all deposited plans are scrutinised. Developers have the matter brought to their attention and are advised to take the opportunity to ensure adequate ventilation is provided. Nevertheless, offices in new buildings, particularly those formed by partitioning larger office areas, continue to be discovered without means of ventilation or air circulation.

During the year, 68 contraventions were found concerning ventilation.

Lighting

Some 329 infringements of the lighting provisions of the Act were found in office and shop premises. These varied from complete absence of lighting, to insufficient or inadequate lighting and poor maintenance. Most infringements were rectified in a reasonable time and only in two instances was it necessary to institute legal proceedings to secure compliance with the law.

Unsatisfactory conditions are frequently found in the service areas of bars and restaurants when occupiers endeavour to maintain an atmosphere of subdued lighting. In some of these cases, improved lighting is urgently required to enable work to be performed safely.

Whilst improvements have been observed in the lighting of stockrooms and stairs, more yet could be done to secure a better level and quality of lighting over those potentially hazardous areas of shop and office premises.

A survey was made of office and shop premises in January, 1972, to ascertain illumination levels in selected areas; a summary of the information obtained is set out in the following tables:—

Table 1 Illumination levels in office premises produced by artificial lighting in selected areas

Lumens per square foot	Stair-cases	Corridors	Wash places	Desks	Filing cabinets	Stock rooms
Less than 5	1	3	–	1	–	–
5 but less than 10	8	5	11	2	–	2
10 but less than 15	5	1	21	7	2	4
15 but less than 25	3	2	11	45	6	3
25 and above	2	2	3	91	18	3

The survey indicates:—

1. Since the introduction of the Act and with the use of high efficiency fluorescent lamps, employers have improved the quality and quantity of lighting in all areas; particularly in working areas. For the second year running 93% of the offices seen had lighting levels above the amenity level for seeing with safety and 66% were approaching levels suitable for seeing with efficiency.

2. There has been a steady improvement in the level of lighting over stairs but, considering this is a dangerous accident producing area in any premises, constant consideration must be given to improvement.

3. The level of lighting in all washrooms seen during the survey was above the minimum required. This is encouraging, and essential in promoting high standards of personal hygiene.

Table 2 Level of illumination in selected parts of shop premises produced by artificial lighting

Lumens per square foot	Sales areas	Stock rooms	Packing Depart ments	Prep-aration rooms	Offices	Wash-rooms	Stairs
Less than 5	3	1	–	–	–	1	2
5 but less than 10	1	3	1	1	–	33	15
10 but less than 15	13	26	1	2	4	32	14
15 but less than 25	32	21	4	5	18	20	2
25 and above	84	20	9	22	16	8	–

The survey indicates:—

1. In 87% of the sales areas levels of lighting were above the required minimum. Lowest lighting levels were noted in catering premises where some difficulty is experienced in securing a safe level of lighting compatible with the subdued atmosphere occupiers aim to maintain. However, it should be possible to reconcile both aspects by the judicious use of good lighting techniques.

2. The survey indicates an improvement in the level of lighting in stockrooms where 95% of the rooms seen were found to be satisfactory.

3. Preparation rooms are areas where dangerous machinery is frequently used and it is encouraging to note a continued improvement in the quality and quantity of light.

4. There has been an improvement in lighting levels over stairs where 48% were seen to have a satisfactory level of lighting and 43% bordering on the minimum. Regard must be had for the safety of employees who have to use these areas, especially when carrying merchandise.

Sanitary Conveniences and Washing Facilities

Low standards of cleanliness, poor maintenance and inadequate lighting are the chief infringements under this heading. A considerable amount of indifference is shown by many to their washing facilities, which is rather regrettable when good, well-kept facilities are a safeguard against disease and dermatitis.

Drinking Water

Wholesome supplies of water were available at all office and shop premises. Routine samples were taken for bacteriological and chemical analysis, all of which were found to be satisfactory.

Accommodation for Clothing

During the year 60 contraventions were noted concerning absence of facilities for hanging or drying employees' outdoor clothing not worn during working hours. A nail in the wall is still regarded by some employers as being sufficient, regardless of the damage it does to employees' clothing.

Seating

The renewal of defective chairs and sitting facilities accounted for most of the 32 contraventions under this

heading. In some larger shops and supermarkets, requests were made for assistants engaged in packing and weighing to be provided with suitable seats. It is encouraging to find better standards of seating at cash check-out positions and we are confident that this has been brought about by the existence of the Act and by our Department's continued insistance upon compliance with the requirement. Despite strong opposition at first from some quarters, we now believe that most managements recognise the economic advantages that can accrue.

Meal Facilities

Most employees are provided with only minimal facilities for taking a meal at work and it has come as a pleasant surprise to find, in many of the new premises being occupied, facilities in excess of what is required of this important welfare measure. We should very much welcome an extension of this section, making it a statutory requirement that office workers have suitable facilities for taking meals.

Machinery

The constant demand for greater efficiency in offices and shops is parallelled by the use of an increasingly wide range of machinery. Machinery for printing, cutting, lifting, conveying, crushing and sewing can all be found in premises within the scope of the Act.

Unfortunately, the use of machinery as an aid to productivity can, when placed in inexperienced and untrained hands, be the cause of accidents far more severe than those encountered when manual power alone was used. The need for ensuring dangerous parts are securely fenced, that regular maintenance is carried out and that operators are conversant in the use of their machinery, cannot be overstressed. In this direction, we have found the Department of Employment's booklets on the 'Safe use of Food Slicing Machines', 'Safety in Mechanical Handling', 'Safety in Stacking Materials' and others in this series of considerable value.

The Hoists and Lifts Regulations are of considerable help in securing a higher standard in lift maintenance than existed a few years ago. Twenty-four infringements were discovered during general inspections and in ten instances lifts were found to be in such a dangerous condition that the occupiers were given the alternative of taking their lifts out of action or facing legal proceedings. In all cases, the lifts were withdrawn from use until essential repairs were executed.

First Aid

Few difficulties are experienced in connection with the provision of first-aid equipment. Most occupiers un-

fortunately forget to replenish the boxes at regular intervals and have to be reminded from time to time. Contraventions, most of which relate to insufficient first-aid supplies, totalled 330; only in one case was it necessary to institute legal proceedings to secure compliance with the law.

Floors, Passages and Stairs

There has been a gradual improvement in the construction and maintenance of floor and stair surfaces over the period in which the Act has been in force. Not only can one see the improvement, but it appears to be borne out by the considerable reduction in infringements under this heading. Contraventions arising from the obstruction of floors are also fewer in number and it is promising to find many of the larger stores removing obstructions from their shopping aisles, affording their employees and customers floor space in which they can move with greater safety.

Dangerous Conditions and Practices

The Act makes provision for a local authority to apply to a court for an order prohibiting the use of premises, or part of them, machinery, plant equipment or appliances or the carrying on of an operation or process where there is a risk of bodily injury. This is an extremely useful section for dealing with matters for which no specific provision is made, e.g. dealing with high noise levels that may cause injury to employed persons, or damp and insanitary premises. It is also useful in securing maintenance of cranes, lifting machines and compressors which are outside the provisions relating to dangerous machinery. To date, the threat of resorting to this section has been sufficient either to have work carried out, or the offending equipment or machinery withdrawn from use. So far no court orders have been requested.

Report on Investigation into Noise Levels in Clothing Boutiques, Discotheques and Night Clubs

A survey was carried out of certain selected premises where it was felt that employees were exposed to high noise levels during their period of employment. Noise level readings were taken, and the following report prepared.

It has been recognised for many years that noise or 'unwanted sound' can be detrimental to those exposed to it for long periods. Recently, it has been intruding into our lives more so than in the past, and in particular to some of the working areas for which the local authority has a duty for securing the health, welfare and safety of employees.

With the introduction of new techniques, hazards can arise and be overlooked. For some months now there has been a change in the technique of selling clothing in certain boutiques, where music is played at a loud sound level to attract younger customers. On observing this during general inspections of premises, it was decided to measure

the level of noise, as concern was felt for the health of those employees who could be exposed to these high sound levels for long periods.

The recently published 'Code of Practice for Reducing the Exposure of Employed Persons to Noise' suggests that ear conservation measures should take place where there is a regular exposure of eight or more hours a day to a continuous steady noise of 90dBA and above. At this level one should think in terms of removing or reducing the noise at source, reducing the time exposure to noise or introducing means of ear protection.

Several premises were visited and noise level readings taken on the dBA scale. Managers and manageresses of shop premises were informed of the purpose of our survey and expressed an interest in the project. None were directly aware of the physiological effects of high noise levels but they were aware that it had some effect on their work and concentration.

The first survey, table K in the Appendix, indicated that the level of noise in some boutiques was such that the employees were subjecting themselves to levels which could give rise to hearing damage if the sound levels were continuous and for long periods. It was also noticeable that it could affect their work performance; some found the high noise levels stimulating, others distracting, but when it came to work necessitating greater concentration it was helpful to discard the noise altogether. Several of the shops visited had noise levels at or in excess of 90dBA and were asked to attenuate the sound at source. A second survey, table L, indicates that the sound levels had been reduced.

In view of the findings of our initial survey on clothing boutiques, we decided to extend the survey to discotheques and night clubs, primarily with the idea of finding what levels of noise the regular employees had to withstand during their evening employment. The premises visited were open for approximately three to five hours; music is played over the period but its level varied according to the performers and the apparatus used by the entertainers. Managements were aware of the dangers attendant in working in noisy situations and in the production of high noise levels. They were cognisant of their social duty to attenuate the noise produced, so as to reduce the risk of annoyance to neighbours. Some managements had noise meters and used them to assess and control the level of noise produced by visiting entertainers.

In general management aimed at providing the highest level of sound over the dancing area with lower levels over the seating and bar areas but when a cabaret show or an individual performer was entertaining, high sound

levels were experienced all over. The highest level recorded was 100 dBA, which is very loud and can be likened to the level of noise in a tube train or the motor horn at five metres distance. Fortunately, customers are exposed to these noise levels for short periods only and any hearing loss would probably be temporary with recovery later when away from the noise source. Disc jockeys and groups are open to aural damage and it was interesting to hear one group leader say that he had become aware of some difficulty in his ability to hear properly over the past two years. The risk to other persons employed in the premises would depend upon the noise levels at the different places where they worked.

The Offices, Shops and Railway Premises Act, 1963, requires that an operation carried on in a premises shall be carried on or used in such a manner as not to cause risk of bodily injury or injury to health. This applies to those premises only where persons are employed to work. Persons employed in clothing boutiques are protected by the provisions of the Act; so too are the persons employed in discotheques and night clubs which are open to the general public, but it does not apply to private clubs or similar establishments.

Employees most at risk would be shop assistants in boutiques, and in the case of night clubs and discotheques, bar staff, restaurant staff, cashiers and waitresses. Members of groups and disc jockeys are in the main self-employed, and whilst open to risk of hearing damage would not appear to be protected by law. They can be advised of the dangers and be recommended to take precautionary measures.

The Code of Practice for reducing the exposure of employed persons to noise recommends that where a person is exposed for eight hours a day to a reasonably steady sound, the sound level should not exceed 90dBA. This is not a desirable level but a maximum level and wherever possible it is desirable for the sound to be reduced to lower levels. Where this cannot be achieved, ear protection methods should be adopted.

It should be stressed that the maximum level of 90dBA to which we have referred is a recommendation in the Code of Practice which is being recommended by the Industrial Health Advisory Committee set up by the Department for Employment. That Committee recommends that these levels should be achieved by co-operation between management, employees and enforcement authorities. It is likely, therefore, to be only possible to enforce them by formal legal action where it is clear that management are not prepared to do anything to improve conditions. As far

as members of the general public frequenting these premises are concerned, the local authority would appear to have no power to call for a reduction in noise levels unless they could prove that the premises were causing a nuisance.

General Observations

The Robens Report on Safety and Health at Work indicated that there were approximately five million people working in situations where they are not protected by safety and health provisions. A measure of the success of the Offices, Shops and Railway Premises Act 1963 can be obtained when one hears employed persons, outside the scope of the Act, requesting that they too should be protected by similar legislation.

Whilst most employers are mindful of their moral and statutory duties towards their employees, some are not. The need for an informed inspectorate backed by legislation, assiduously and tactfully enforced, is essential if we are to secure improvements for those working in less fortunate circumstances. In one case during the year we found employees without means of warming themselves, working in near arctic conditions, in a building having walls and ceilings festooned with dust and cobwebs, having to negotiate stairs with no artificial light, cross floors that were holed and badly maintained, having toilet facilities that were dirty and in a state of disrepair. The employer could see little wrong with these conditions and made no improvements until the law was evoked.

Fortunately, most managements accept their responsibilities and recognise the benefits obtainable from good health, welfare and safety measures.

It has always been the aim of the Teesside County Borough Council to enforce the provisions of the Offices, Shops and Railway Premises Act conscientiously, thoroughly and fairly for the benefit of all concerned. It is therefore gratifying to see that the Report of the Robens Committee on Safety and Health at Work recognises the value of the work done in this field by local authorities. Many examples can be found in the pages of this Annual Report where very great advantage has resulted from the Inspectorate being part of the local authority team.

The Central Advisory Authority

The advice and guidance received from our Regional Officer in matters of general interest or special concern have been of considerable value. We should also like to express our appreciation of the co-operation received from our local District Inspector of Factories and say how helpful are the good relations existing between the Departments.

Appendix

Table A Registrations and general inspections

Class of premises	Number of premises newly registered during the year	Total Number of registered premises at end of year	Number of registered premises receiving one or more general inspections during the year
Offices	107	1,077	575
Retail shops	152	1,925	1,042
Wholesale shops, warehouses	12	165	81
Catering establishments open to the public, canteens	13	283	160
Fuel storage depots	—	9	3
Totals	284	3,559	1,861

Table B Number of visits of all kinds (including general inspections) to registered premises—

5,366

Table C Analysis by workplace of persons employed in registered premises at end of year

Class of Workplace	Number of persons employed
Offices	14,075
Retail shops	12,413
Wholesale departments, warehouses	1,736
Catering establishments open to the public	3,744
Canteens	284
Fuel storage depots	113
Total	32,365
Total Males	13,107
Total Females	19,258

Table D Exemptions

No applications for exemptions were received during the year.

Table E Prosecutions

Prosecutions instituted in which the hearing was completed this year.

Section of Act or title of Regulations or Order (1)	No. of informations laid (2)	No. of informations leading to a conviction (3)
Section 4 (1)	12	12
,, 4 (2)	1	1
,, 6 (4)	1	1
,, 8 (1)	2	2
,, 8 (3)	1	1
,, 9 (2)	4	4
,, 10 (2)	1	1
,, 16 (1)	3	3
,, 16 (2)	1	1
,, 24 (1) (2a)	1	1
Sanitary Convenience Regulations 1964	1	1
Information for Employees Regulations	1	1

Number of persons or companies prosecuted	3
Number of complaints (or summary applications) made under section 22	Nil
Number of interim orders granted	Nil

Table F Staff

Number of inspectors appointed under section 52 (1) or (5) of the Act	26
Number of other staff employed for most of their time on work in connection with the Act	1

Table G Reported accidents 1972 analysed by primary cause and class of workshop

Cause	Offices	Retail shops	Wholesale warehouses	Catering establishments and canteens	Fuel storage depots	Total
Machinery	1	9	1	3	—	14
Transport	1	5	7	1	—	14
Falls of persons	5	22	3	18	—	48
Stepping on or striking against object or person	3	12	4	2	—	21
Handling goods	1	27	7	4	—	39
Struck by falling objects	1	3	3	3	—	10
Fires and explosions	—	—	—	1	—	1
Electricity	—	—	—	—	—	—
Use of handtools	—	9	1	3	—	13
All other causes	2	5	—	5	—	12
Total	14	92	26	40	—	172

Table H All reported accidents in 1972 analysed by workplace and sex—adults and young persons

Class of workplace	Adults		Young persons		Total
	Males	Females	Males	Females	
Offices	7	7	—	—	14
Retail Shops	15	58	7	12	92
Wholesale shops and warehouses	15	4	7	—	26
Catering establishments, canteens	10	25	4	1	40
Fuel storage depots	—	—	—	—	—
Total	47	94	18	13	172

Table I Reported accidents, 1972, analysed by nature of injury and class of workplace

Nature of injury	Offices	Retail shops	Wholesale shops and warehouses	Catering establishments and canteens	Fuel storage	Total
Sprains and strains	3	30	3	11	—	47
Bruising, crushing or concussion	5	26	10	6	—	47
Open wounds and surface injury	5	28	5	10	—	48
Fractures and dislocations	1	6	8	4	—	19
Burns	—	—	—	7	—	7
Multiple injuries	—	—	—	—	—	—
Amputation	—	—	—	1	—	1
All other injuries	—	2	—	1	—	3
Total	14	92	26	40	—	172

Table J Summary of contraventions found and remedied during 1972

Contraventions		Found	Remedied
Section 4	Cleansing	487	437
Section 5	Overcrowding	12	9
Section 6	Temperature	325	202
Section 7	Ventilation	68	64
Section 8	Lighting	329	333
Section 9	Sanitary conveniences	500	443
Section 10	Washing facilities	127	129
Section 11	Drinking water	8	2
Section 12	Clothing	60	62
Section 13/14	Seating	32	24
Section 15	Eating facilities	4	3
Section 16	Passages, Floors, Stairs	124	119
Section 16	Obstruction	31	17
Section 17/19	Safety	133	111
Section 22	Dangerous conditions	25	22
Section 24	First aid	330	330
Section 49	Registration	213	198
Information for Employees		377	376
Hoists and Lifts Regulations		24	6
		3,209	2,887

Table K Sound levels in selected parts of clothing boutiques

Shop	Sound Level dBA										Outside Sound Level dBA	Natural Communication	Interviews
	Source On					Source Off							
	1	2	3	4	P	1	2	3	4	P			
1	85* 91* 65*	83* 73* 65*	70*	80*	85 92	55 56	60 60				75	Raised voice to shouting	Never conscious of the music but would miss it if it were not played. Played for much of the working day.
2	70	65	67	67*	70	55	50				65	Slightly raised voice	Manageress not too keen on music. Found it distracting during cashing up. Switched off when manageress feels she has had enough of the music.
3	67 60	67 60	60		70	53 50	53 50	50			67	Slightly raised voice to be heard	Assistants enjoy the background music. Younger assistants would like music louder.
4	75 70	75 67	75		72	57	53				78 63	Raised voices	Does not affect concentration.
5	90 78	78 80*	73 60	75	90 80		65					Raised voices	Manager feels it encourages shoppers to enter. No ill effects felt—not fatiguing. Stimulates customers.
6	93* 93* 60*	82 82 70	78 78 70		95 95 70	56		55			78 73 72	Necessary to shout in part of shop. Raised voice generally	Does not interfere with work. Helps to relieve monotony. Not played all day. Younger assistants would like music louder.
7	78* 85	82* 70	80* 78*		83 85	70	60 58	52		70	78	Voice raised	No complaints from staff. Younger assistants would like music louder. Turns music off for stock taking and jobs requiring concentration.
8	68*	65		60	70						78	Normal speech carried on	No complaints. Not loud enough for younger assistants.
9	83*	73	83*		85	68	50	55		70	78	Raised voice	Usually music is played all day. Produces pleasant atmosphere. Stimulates customers.
10	72 90 79	74* 79	79	63 83	74 95 83	66 45	64		62 45	66	70 60 70	Raised voices	Assistants enjoy the music. Not disturbed or tired by music.

continued

Table K Sound levels in selected parts of clothing boutique – *continued*

Shop	Sound Level dBA										Outside Sound Level dBA	Natural Communication	Interviews
	Source On					Source Off							
	1	2	3	4	P	1	2	3	4	P			
11	78* 84*	84* 70	78* 90*		84 91	64	58	60			74 80	Raised voice to shouting to make oneself heard	Enjoy loud music. Under control of manager.
12		60		70			60		65		60	Normal conversation	Enjoy music.
13		70					60				60	Normal conversation	Enjoy music.
14	65 60	65 60		68*	75 75	45 55	45 55		50	65	68 70	Slightly raised voice	Staff like the music. Do not play music regularly.
15	60* 63	55 70	68* 60	63 60	70 75	53 53	53 55	58 63	58 58	60 65	73 73	Normal conversation	Music must be played all day by order of management.
16	68 78*	65* 70*	70*		75 80	53 50	58 50	50		60 55	63 63	Slightly raised voice	Music must be played all day. Enjoyed by the assistants.
17	65 60	65 55	58		70 65	63 58	55 53	53		65 60	65 63	Normal	Staff enjoy music—not troubled by the noise.

KEY
1 Front of sales area.
2 Centre of sales area.
3 Rear of sales area.
4 Other.
P Peak.
* Near speaker.

Table L Sound levels in selected parts of clothing boutiques (second survey)

Premises	Sound Level dBA								Outside Sound Level dBA	Natural Communication	Remarks
	Source On					Source Off					
	1	2	3	4	Peak	1	2	Peak			
1	80	82	–	–	82	65		65	65–70	Normal	Enjoy the music. Cassette player.
2	67	65	59	–	68	55	55	56	68–72	Normal	Enjoy the music—no ill effects. Can control volume. Not played all day.
3	55	–	66	–	67	53	41	53	68–72	Normal	Volume can be controlled. Not played all day.
	65	–	65	–	66	55	43	56	68–72		Enjoy the music.
4	75	–	70	–	75	64	62	64	65–70	Normal	Enjoy the music. Record player. Music not played during stock taking as it interferes with concentration.
5	80	75	70		80	67	65	70	65–70	Normal	Enjoy music, not used when stock taking or work that requires concentration. Record player.
6	75	70	70	–	75	67	60	70	65–70	Normal	Manageress does not like loud music as it is impossible to think. Tape recorder.
7	77	77	77	–	80	70	60	70	65–70	Normal	Tape recorder. Manageress states impossible to concentrate when music is on.
8	90	83		65	90	65	65	65	65–70	Normal	Manageress states juke box volume can be increased by customers. At full volume at time of reading. Staff enjoy music.
9	73	75	77	–	80	65	65	65	65–70	Normal	Record player. Enjoy music.
10	80	–	70	–	80	70	70	70	73	Normal	
11	75	73	–	–	75	73	60	73	75–80	Normal to slightly raised voice	Employees like the music at this level. Cassette tape recorder.

continued

Table L Sound levels in selected parts of clothing boutiques (second survey) — *continued*

Premises	Sound Level dBA								Outside Sound Level dBA	Natural Communication	Remarks
	Source On					Source Off					
	1	2	3	4	Peak	1	2	Peak			
12	71	67	—	—	72	49	49	50	70–73	Normal slightly raised voice	Staff find music relieves boredom during slack periods. Tiring on busy days. Generally enjoy music.
13		78	75	—	79	59	59	60	70–74	Slightly raised voice	Music under control. All staff are young people who enjoy the music. Does not affect them in any way.
14	65 75	— —	65 78	— —	67 79	54 52	54 51	54 52	78–80	Normal to slightly raised voice	Staff enjoy music—no ill effects. Control volume.
15	68	—	61	—	69	54	54	54	70–75	Normal	Music must be played at all times. Affects concentration when shop is full of customers, otherwise staff enjoy music.
16	65	—	65	—	66	53	53	54	74–77	Normal	Staff enjoy music—does not affect them in any way.

KEY

1 Front of shop.
2 Middle of shop.
3 Rear of shop.
4 Other positions.
P Peak.

Table M Sound levels in selected parts of night clubs and discotheques

Premises	Sound Level dBA				Source	Natural Communication	Remarks
	Dance Floor	Seating Area	Bars	Peak			
Club 1	90	85	90	95	Record player and group	Raised voices	Former cinema, noise travels to rear where bar is situated. Manager has a noise meter and is instructed to keep noise levels below 80 dBA. Manager states he likes music at quiet level, especially at bar and seating area.
Club	87–90	82	82	103	Cabaret	Raised voices near dance floor	Speakers at rear used only for cabaret (45 mins). Front speakers only when resident group and disc jockey are working, to enable easy communication at bars. Music kept low in restaurant area to make communication easy.
Restaurant area 2		65–70	65–70	72	Record player	Normal	Manager states he likes music at reasonable level. Staff have not noticed any ill effects from music.
Discotheque 3	88–90	80	75–80	92	Record player	Raised voice near dance floor	Staff enjoy the music and have not noticed any ill effects. Noise level controlled by manager and disc jockey.
Club 4	80–85 85–90	80–85 85–90	80–85 85–88	89 96	Record player Group with Vocalist	Slightly raised voice. Raised voice.	Manageress states she has worked in night clubs for 10 years, considers club is quieter than others—has not noticed any difference in her hearing. Likes things quiet at home. Tries to keep sound level at a degree where conversation is possible—band plays from 11.0 p.m. to 1.0 a.m.
Club 5	85–89	75	83–85	92	Record player	Slightly raised voice	Noise level limited by manager to enable conversation to take place comfortably. Noise level varies with records played and number of people in the club. Noise loudest 11.30 p.m.

continued

Table M Sound levels in selected parts of night clubs and discotheques — *continued*

Premises	Sound Level dBA				Source	Natural Communication	Remarks
	Dance Floor	Seating Area	Bars	Peak			
Discotheque 6	85–90 85–90	85 85–90	85 85–90	92 92	Record Player. Record Player	Slightly raised voice.	Member of staff said he could appreciate some loss of hearing over the years. Noise level varies according to number of people in club and time of evening. Club normally relatively empty and quiet until 10.30 p.m., noisy until 1.0 a.m. then quietens down.
Discotheque 7	95	83	93	97	Record Player.	Raised voices.	Manager does not like the noise. Clients like the music loud and noisy. Noise level reduced after 11.0 p.m. because of proximity of hotel bedrooms and to avoid risk of complaints from hotel residents.
Club 8	95–97	80–85	85–90	98	Record Player.	Normal at bar and seating area.	Equipment is fitted with a governor to restrict noise level on the dance floor to 100 decibels and is lower at bars and seating areas. Speakers directed at dance floor area. Manager enjoys loud music.
Discotheque 9	89–93	86–88	83	95	Record Player.	Raised voices to shouting.	Manager and staff have to shout at times to be heard. When they feel noise level is high require volume to be reduced. Sometimes find the sound level tiresome. Generally accept the level of noise as long as it is not too loud. Interferes with work, i.e., communication at bar.
Club 10	98–100 93–95	85–88 78–85	85–88	100	Record Player.	Raised voices to shouting.	Sound level varies according to type of music played. Staff work on a shift system and the disc-jockeys only work one hour at a time followed by a rest period. A quiet area is provided away from the loud speakers.

continued

Table M **Sound levels in selected parts of night clubs and discotheques** — *continued*

Premises	Sound Level dBA				Source	Natural Communication	Remarks
	Dance Floor	Seating Area	Bars	Peak			
Club 11	95–99 86–90	94–96 84–86	84–86 80–84	99 90	Live Group. Record Player.	Raised voices to shouting.	The sound level increases during a live group performance. Club has its own noise meter and aim at controlling noise level to 85 dBA at 50 ft. Staff enjoy the music—no ill effects. Manager says he has become used to the noise. A member of the group said he had become aware that his hearing had been affected over the past few years.
Club 12	84–88	75–79 74–77 68–70	79–82	88	Record Player.	Normal to raised voices.	Sound level is increased during cabaret shows, management try to control level of noise by asking group to keep sound to an acceptable level. A quiet area is provided. The employees enjoy the music and are aware of the damaging effects of noise on hearing.
Club 13	92–95 94–96 96–98	86–90 94–96 92–94	86–90 92–94 82–84	95 96 98	Record Player. Live Group. Record Player.	Raised voices to shouting.	Sound level is increased during performance by a live group. Staff enjoy the music. Manager not aware of the damaging effect loud sounds have on hearing.

Shops Act Administration

The main provisions of the Shops Act 1950/65 relate to the closing of shops on weekdays and Sundays, the conditions of employment of shop assistants and the hours of employment of young persons. The Young Persons (Employment) Act 1938 regulates the employment of young persons in certain other occupations.

By the end of 1972, 2,855 visits had been made to shop premises; many of these were in connection with surveys carried out prior to making Early Closing Day Exemption Orders, when shopkeepers and assistants required further discussion on the subject. With the introduction of Early Closing Day Exemption Orders there was a 56% reduction in the number of contraventions found during the year, the total contraventions amounting to 404, most of which were concerned with the display of statutory forms and notices. Legal proceedings were instituted against one shopkeeper for failing to maintain statutory records.

Once again, the year was an exceedingly active one for the Department. Eighteen Early Closing Day Exemption Orders were made by the local authority following surveys carried out by the Department's Offices, Shops and Factories Division. These surveys indicated that the majority of traders in the areas concerned wanted exemption from compulsory closing on one half day each week. Orders were made in respect of all classes of shops, so that by the end of 1972 approximately five-eighths of the County Borough were subject to Orders allowing traders to open their shops six days each week. No wish has been expressed by traders in the remaining areas for Orders to be made.

Most shopkeepers observe the general closing hour provisions of the Act and there has been a tendency for some of the larger stores to extend their opening hours to 8.00 p.m. A minority of traders who infringe the law by selling non-exempted goods after the general closing hours were warned of the consequences and advised to accept the law as it stands.

Those provisions of the Act restricting trading on Sunday to specific classes of goods, continue to give rise to much controversy, in particular where non-exempted articles are sold from the same shop. Several shops selling only non-exempted articles, advertised they were opening for the sale of those articles, but on cautionary advice from the Department they went no further and conformed with the law.

During November an extensive range of non-exempted articles was offered for sale at a local open air market. After discussions with the operators they agreed to hold

the market on Saturdays. For economic and other reasons trading reverted to Sundays whereupon the local authority had no alternative but to enforce the Sunday trading provisions of the Act in those cases where it had been disregarded.

The Redcar area of Teesside County Borough is a popular rendezvous for holiday visitors and to enable traders to afford them maximum retail services, an Order was made under Section 40 of the Act enabling shops to remain open on the early closing day from Whitsun to the first week of September. Later in the year Redcar traders expressed a wish for six day trading and accordingly the Council made Early Closing Day Exemption Orders embracing all classes of shops.

Those parts of the Act dealing with assistants' meal intervals and hours of employment were observed by most traders; routine visits did reveal, however, premises where employees were not receiving statutory meal breaks and cases where assistants were not given compensatory time off for working on Sundays.

The Young Persons (Employment) Act 1938 was, so far as could be ascertained, complied with in those premises visited during the year.

Inspection of Factories

The Medical Officer of Health is required to report annually on the administration of Parts I and VIII of the Factories Act, 1961. These parts of the Act deal with general health provision and the employment of outworkers. Visits are also made to factories in respect of other matters outside the Factories Act 1961, and mainly in connection with items arising under the Public Health Act, food hygiene and atmospheric pollution.

At the end of the year the Register of Factories contained the addresses of 1,110 mechanical factories, 17 non-mechanical factories and 151 other premises subject to the Act. There was an increase of 68 mechanical factories on the register over that of 1971 and a decrease of four in the number of non-mechanical factories.

Once again, a satisfactory rate of inspection was made with inspectors carrying out 721 visits to factories and other premises coming within the scope of the Act. The standard of cleanliness and maintenance varied considerably, from poor to very good, with the majority of facilities being acceptable. Most of the 146 infringements were rectified without delay and only in one case of non-co-operation was it necessary to institute legal proceedings to secure a satisfactory standard.

Our visits to building and engineering construction sites revealed that quite serious attempts were made to provide good facilities within the limitations dictated by the nature of the work site and duration of stay. Three sites were discovered where no facilities had been provided for the use of employees. These incidents stress the need for routine surveillance to ensure recalcitrant employers meet their statutory obligation and secure the health and welfare of their men. Wherever possible contractors are encouraged to install water carriage systems in preference to chemical closets.

There was only one outworker shown on the outworkers' list for August 1972. Inspections of outworkers' premises indicated that working conditions were satisfactory.

Factories Act 1961 Part I

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of Inspections (3)	Number of Written Notices (4)	Number of Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	17	5	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority	1,110	651	79	1
(iii) Other premises in which Section 7 is enforced by the local authority (excluding out-workers' premises)	151	65	4	—
Total	1,278	721	83	1

2. Cases in which defects were found.

Particulars	Cases in which defects were found				Cases in which Prose-cutions were instituted
	Found	Remedied	Referred to HM Inspector	Referred by HM Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S1)	—	—	—	—	—
Overcrowding (S2)	—	—	—	—	—
Unreasonable temperature (S3)	—	—	—	—	—
Inadequate ventilation (S4)	—	—	—	—	—
Ineffective drainage of floors (S6)	—	—	—	—	—
Sanitary conveniences (S7)					
(a) Insufficient	4	3	—	2	—
(b) Unsuitable or defective	130	95	—	6	1
(c) Not separate for sexes	6	6	—	—	—
Other offences against the Act (not including offences relating to outwork)	6	6	3	—	1
Total	146	110	3	8	2

Part VIII Outworkers

Nature of work	Section 133 Outworkers listed
Lace, lace curtains and nets	1

Magisterial Proceedings

Contravening Sausage and Other Meat Products Regulations, 1967—Regulation 5(1) (b) (h)

	Complaint	Result
1.	Sale of pork sausages having a meat content of 55% contrary to the regulations which stipulate not less than 65%.	Fined £30 plus £6 costs
2.	Sale of beefburgers having a meat content of 70% contrary to the regulations which stipulate 80%.	Fined £10 plus £6 costs
3.	Sale of beefburgers having a meat content of 53% contrary to the regulations which stipulate not less than80%.	Fined £20 plus £6 costs

	Complaint	Result
4.	Sale of beefburgers having a meat content of 65% contrary to the regulations which stipulate 80%.	Fined £10 plus £6.55 costs

Contravening Food and Drugs Act, 1955—Section 2

5.	Sale of bilberry pie not of quality demanded in that it was affected by mould.	Fined £15 plus £4.50 costs
6.	Sale of loaf of bread not of quality demanded in that it contained a piece of metal.	Fined £25
7.	Sale of loaf of bread not of quality demanded in that it contained a piece of metal.	Fined £20
8.	Sale of pork pie not of quality demanded in that it was affected by mould.	Fined £20
9.	Sale of sausage roll not of quality demanded in that it was affected by mould.	Fined £20
10.	Sale of bottle of milk not of quality demanded in that it contained a filter tip from a cigarette.	Fined £10
11.	Sale of sandwich sponge cake not of quality demanded in that the cream filling was affected by mould.	Fined £20
12.	Sale of skinless beef sausages not of quality demanded in that they were affected by mould.	Fined £15
13.	Sale of buttered bread bun not of quality demanded in that it contained a fly.	Fined £10
14.	Sale of iced lolly not of quality demanded in that a metal ball was embedded in said lolly.	Fined £50
15.	Sale of pork sausages not of quality demanded in that they contained patches of grease and iron scale.	Fined £25

Contravening the Offices, Shops and Railway Premises Act, 1963

	Complaint	Result
16.	Section 16(1) 63, 64 Damaged passage-way floor.	Fined £2
	Section 4(1) Dirty passageway.	Fined £2
	Section 8(1) Inadequate lighting to passageway.	Fined £3
	Section 9(2) Dirty sanitary convenience.	Fined £3
	Section 10(2) Dirty washroom.	Fined £2
	Section 6(4) No thermometer provided.	Fined £2
17.	(a) Regulation 25:	
	Failing to clean floor behind cooker.	Fined £10
	Failing to clean floor behind storage racks.	Fined £5
	Failing to clean windows and woodwork.	Fined £10
	Failing to clean shelving in kitchen.	Fined £10
	Failing to clean floor behind deep freeze.	Fined £5
	Failing to clean ground floor food store.	Fined £10
	Failing to clean walls in food store.	Fined £10
	Failing to clean shelving in food store.	Fined £5
	Failing to clean floor near kitchen door.	Fined £5
	(b) Regulation 7(1):	
	Mouse droppings on shelving in kitchen.	Fined £15
	Mouse droppings on equipment.	Fined £15
	Failing to repair preparation table.	Fined £5
	(c) Regulation 18(5) :	
	Use of wash hand basin for other than personal cleanliness.	Fined £10

	Complaint	Result
	(d) Regulation 18(3) :	
	Failing to provide soap and clean towel in kitchen.	Fined £10
	Failing to provide clean towels in water closet compartment.	Fined £5
	(e) Regulation 16(1) (a) :	
	Water closet in staff accommodation not kept clean.	Fined £5
18.	Regulation 25: Ground floor shop not kept clean.	Fined £2
	Regulation 26(2): Refuse deposited in rear store room.	Fined £5
	Regulation 16(5): No notice provided regarding washing facilities.	Fined £2
	Regulation 18(2): Hot water not provided.	Fined £2
	Contravening The Canned Meat Product Regulations, 1967	
19.	Sale of tin of lamb chops having a meat content of 65% whereas the percentage of meat content should not be less than 75%.	Defendants found guilty but given an absolute discharge. Costs of £20 allowed.
	Milk and Dairies (General) Regulations, 1959 Regulation 27(1)	
20.	Sale of bottle of milk not of quality demanded in that there were extensive dark coloured spots on inside of bottle and also in the milk itself.	Fined £10
	Contravening Factories Act, 1961—Section 7 and Sanitary Accommodation Regulations, 1938	
	Regulation 5: Failing to provide intervening ventilated space.	Fined £5
	Regulation 5: Failing to ventilate sanitary accommodation.	Fined £5
	Regulation 7(1): Failing to maintain sanitary accommodation in a satisfactory condition.	Fined £10
	Regulation 7(1): Failing to keep clean the sanitary accommodation.	Fined £10

Appendix A

Committees and Staff List

The Health Committee

Appointed May 1972

The Mayor, Councillor M. Sutherland (ex officio)
Councillor D. A. Biewer, SRN, RMN — Chairman
Councillor Mrs. I. M. Cole — Vice-Chairman

Alderman J. A. Brown, CBE, JP, FRSH
Alderman J. S. Dyball
Alderman A. H. Harriman
Alderman Mrs. M. E. Jackson, JP
Alderman J. A. Tatchell, BSc, FIEE

Councillor J. N. Bennington
Councillor Mrs. S. J. Blackburn, JP, SRN
Councillor J. R. Briggs, JP, AMRSH, MInstM
Councillor G. A. Burns
Councillor T. Collins
Councillor D. Cooke
Councillor R. H. Cowie
Councillor J. Hudson
Councillor G. McClurg
Councillor H. L. McQuillen, BSc
Councillor Mrs. M. O'Brien
Councillor Mrs. H. Pearson
Councillor P. C. Price, MA, PhD
Councillor W. E. Reveley
Councillor A. S. Seed, JP

The Education Committee

Appointed May 1972

The Mayor, Councillor M. Sutherland
Councillor P. O. Fulton, JP — Chairman
Councillor A. J. McIntosh, JP — Vice-Chairman

Alderman E. Buxton, MBE, JP, ACIS
Alderman Mrs. M. A. Daniel
Alderman R. Hall, FID
Alderman W. Herlingshaw
Alderman G. E. Inman
Alderman Mrs. L. M. Thompson
Alderman F. T. Webster, MBE

Councillor R. Barry
Councillor J. N. Bennington
Councillor D. A. Biewer, SRN, RMN
Councillor Mrs. S. J. Blackburn, JP, SRN
Councillor P. Bonar
Councillor J. R. Briggs, JP, AMRSH, MInstM
Councillor G. H. Chapman, BSc
Councillor A. S. Cunningham
Councillor Mrs. H. Cunningham
Councillor R. Dobson
Councillor W. Ferrier
Councillor J. Finnegan, JP
Councillor G. Godfrey, AIMTO
Councillor Mrs. I. M. Hewitson
Councillor G. W. Hodgson, BEM
Councillor A. W. Kidd
Councillor Miss J. Martin, MBE
Councillor J. Mason
Councillor G. McClurg
Councillor Mrs. M. O'Brien
Councillor Mrs. H. Pearson
Councillor P. C. Price, MA, PhD
Councillor S. Redican
Councillor Mrs. M. K. Stabler, JP
Councillor H. Sutton
Councillor W. Towers

Co-opted Members

Mrs. K. I. Clark
Mr. D. J. Duncan
Mr. R. J. Gillingham
Mr. D. N. Gwyther
Revd. N. C. Jones
Mr. R. B. Mather
Rt. Revd. Mgr. Canon T. A. Nolan
Mr. D. Simon
Dame Enid Russell-Smith
Revd. A .Thornton
Mr. S .W. Wilson

Director of Education — Mr. E. D. Mason, MA, LRAM

Staff of Teesside Health Department 1972

Medical Officer of Health, Chief Medical Advisor and Principal School Medical Officer	R. J. Donaldson, OBE, MB, ChB, DPH
Deputy Medical Officer of Health and Deputy Principal School Medical Officer	R. Taylor, MB, ChB, DPH
Associate Medical Officer of Health	H. J. Peters, MB, BS, BHy, DPH, DPA (to 31.5.72)
Principal Medical Officer	A. Elsworth, MB, BS, DPH
Senior Medical Officers	J. A. Davison, MB, BS, DPH P. Gabb, MB, ChB J. E. H. Tullis, MB, ChB, LRCP(E), LRCS(E), LRFP & S, (G)
Senior Assistant Medical Officer	J. B. Patterson, MB, ChB
Departmental Medical Officers	K. S. Bird, MB, BS J. M. Exley, MB, ChB C. A. Hodge, MRCS, LRCP A. R. McNaughton, MB, ChB
Sessional Medical Officers	30
Consultants by arrangement with Newcastle Regional Hospital Board	Chest Diseases Child Psychiatry Ophthalmology Orthopaedics Otolarynology
Director of Nursing Services	J. Scott, RFN, SRN, SCM, QN, HV Cert, NEBBS, Management Cert
Divisional Nursing Officer	A. M. Husband, SRN, CMB (Part 1), HV Cert, NEBBS, Management Cert (from 1.5.72)
Training Officer (Nursing)	J. Bloom, SRN, SCM, QN, HV Cert (from 1.9.72)
Area Nursing Officers	P. R. Davison, SRN, DNT M. Dolan, SRN, SCM, HVCert (from 6.3.72) V. M. Parvin, SRN, SCM, HV Cert (from 1.8.72)
Nursing Officers	15
Home Nurses	80 + 1 *
Midwives	36 + 1 *
Health Visitors	34 + 8 *
Student Health Visitors	7 (from 9.10.72)

Paediatric Nurse	1
School Nurses	22
Clinic Nurses	6
Nursing Auxiliaries	17
Interpreter	S. Chohan (from 1.12.72)
Chief Chiropodist	B. W. Reed, MChS(SRCh
Senior Chiropodists	6
Chiropodists	6 *
Senior Occupational Therapist	S. A. Palfreeman, MAOT (from 9.10.72)
Senior Health Education Officer	J. S. Taylor, BSc (Hons), Grad Cert Ed (from 25.9.72)
Health Education Officer	F. Brogan, RMN, MRIPHH, MIHE
Re-organisation Co-ordinator	C. A. Thompson, BSc(Econ) (from 6.11.72)
Family Planning (from 1.6.72) —	
Medical Officer	M. Stewart, MB, CRB
Nursing Officer	V. M. Evans, SRN
Organiser	C. A. Thompson, BSc(Econ) to 5.11.72
Sessional Nurses	27
Clerks	2 + 24 *
Childminder	1
Research Officer	K. G. Coates, BA (Hons)
Projects Officer	G. B. J. Preston, B A(Hons) (to 23.4.72) S. Haselhurst, MA (from 24.4.72)
Research Assistants	3 + 3 *
Research Assistant (Admin.)	1
Lay Administrative Officer	W. H. Dickinson (to 30.6.72)
Chief Administrative Officer	L. Hall, DMA, FHA, MILGA (from 1.7.72)
Principal Administrative Officer	E. T. Goodrick (from 29.8.72)
Office Services Manager	F. M. Smith (from 3.11.72)
Senior Assistants (Admin.)	4
Clerks	36 + 2 *
Secretary to the Medical Officer of Health	G. Jenney (to 9.8.72) F. Bertram (temporary)
Supervisor and Shorthand Typists	M. Robson + 4
Health Centre Manager (Middlesbrough)	C. C. Jordan (from 25.9.72)

Principal Dental Officer	R. C. Blackmore, LDS, RCS (Eng), Barrister at Law
Area Dental Officers	F. R. Cadigan, LDS, RCS(Edin), LRCP, LRCS, LRFPS H. R. Carter, BDS M. Evans, BDS A. B. Perkins, LDS, RFPS(Glasg) (to 24.7.72) G .R. Smithson, BDS P. J. C. Watson, BChD
Dental Officers	2 + 4 *
Dental Anaesthetists	A. D. Clark, LDS, RFPS(Glasg) A. Leitch, MB, ChB(Glasg), DPH, FFA, RCS(Eng) H. G. Saunders, MB, ChB, FFA, RCS(Eng)
Dental Auxiliaries	2
Dental Surgery Assistants	12 + 1 *
Chief Ambulance Officer	P. E. Gifford, FHA, FIAO, FICAP, AMRSH
Deputy Ambulance Officer	W. Syer, FICAP, AMRSH, GIAO, NIAI
Administration	10
Control Staff	10
Operational Staff	138
Davison Home —	
Matron	1
Deputy Matron	1
Nursery Nurse	1
Night Nurse	1
Nursery Assistants	2
Chief Health Inspector	F. G. Sugden, DPA, FRSH, FAPHI, AMIPC, AMIPHE
Deputy Chief Health Inspector	J. H. Burrows, FAPHI, MIPHE
Principal Health Inspector —	
Central Division	T. E. Peterson, MRSH, MAPHI
Eastern Division	E. V. Robinson, MAPHI
Western Division	R. Love, FAPHI, MRSH
Air Pollution Division	J. Hill, MBE, MRSH, MAPHI
Food and Drugs and Dairies Division	R. W. Dobson, MAPHI
Housing Division	F. Allan, ARSH, MAPHI
Meat Inspection Division	L. A. Harrison, DMA, FAPHI, MRSH
Offices, Shops and Factories Division	A. Chisholm, DMA, MAPHI
Senior Health Inspectors	11
Health Inspectors	19
Authorised Meat Inspectors	8

Pupil Health Inspectors	10
Technical Assistants (General)	4
Technical Assistants (Smoke)	9
Shops Act Inspector	1
Pest Control Officer	1
Diseases of Animals Inspector	1
Chief Administrative Officer	W. Wright, DMA, DSAA
Clerical Assistants and Typists	12

* Denotes part-time staff

Appendix B

Statistical Comments and Tables

Births in Teesside, 1971 and 1972

Between 1971 and 1972 live births in Teesside fell by 11.8 per cent from 7,174 to 6,330. The table below shows this reduction broken down by age group.

Number of live births by mother's age

Age	1971	1972	% change
–19	957	1,059	+10.6
20–24	2,858	2,387	–16.5
25–29	1,904	1,732	–9.0
30–39	1,339	1,062	–14.5
40+	116	90	–22.4
Total	7,174	6,330	–11.8

This very sudden reduction in birth rate was not peculiar to Teesside, being also apparent in the national figures. It is tempting to believe that it represents an achievement for the Family Planning service, but other possible explanations are a generally increasing awareness of the 'population problem' or the postponement of having children by married couples because of economic circumstances. The large reduction in the 20-24 years age group and the relatively small reduction in the 25-29 group favour the last explanation. The reductions in the older age groups are probably largely accounted for by family termination by sterilisation which is becoming more prevalent in these groups. This has become evident during our survey on female sterilisation, in which it has been difficult to find a control group of 100 fertile women over the age of 30.

Whatever the explanation for the general fall in birth rate however, it does not apply to the under twenty year olds. It is high birth rates in the younger groups which put Teesside's birth rate well above the national average.

The table below shows the rates per thousand females in 1971 by age group in Teesside and in England and Wales, (the 1972 breakdown is not yet available).

Number of births per thousand females

Age	Teesside	England and Wales
–19	62	50
20–24	195	154
25–29	165	153
30–39	57	55
40+	9	8

The increasing rate of births in the under twenty group represents a continued failure to make these women aware of the risk of unwanted pregnancy. A special Family Planning clinic has been started in Teesside for this group, and it is hoped that this may have some impact on the problem.

Illegitimate Births

Corresponding to the increasing proportion of births in the under-twenty group (16.6%), there is a rise in the overall illegitimacy rate, from 10.3% in 1971 to 11.8% in 1972. The table below shows the proportions of illegitimate births by the age group in 1971 (this berakdown is not yet available for 1972).

Numbers of illegitimate live births by mother's age

Age	Number of illegitimate live births	% of total live births
–19	271	26.7
20–24	253	8.3
25–29	105	5.2
30–39	100	7.1
40+	14	11.5
Total	743	10.3

Over a third (36.3%) of illegitimate births are to mothers under 20.

Further evidence from a sample survey indicates that an additional 45% of births in this age group are expected to be premarital conceptions, and the national proportion of 55% suggests that even this is an underestimate*. Thus at least three-quarters of conceptions in the under twenty year olds occur outside marriage.

Mortality in Teesside, 1971 and 1972

Principal Causes of Death

Figures A-D show the distribution of deaths among the major causes for the years 1971 and 1972. The pattern has remained much the same over recent years and differs little from the national distribution, with heart diseases confirmed even more emphatically as the major cause of death. The one unusual feature of the figures is the relatively low proportion in 1971 of deaths in the respiratory group.

Age Specific Death Rates

In the table below, Teesside's age specific death rates per thousand population for both sexes for 1972 are compared with those for England and Wales for 1971 (1972 figures are not yet available).

Age specific Death Rates

	Males		Females	
Age	Teesside	England and Wales	Teesside	England and Wales
1–14	0.5	0.5	0.3	0.4
15–34	1.0	0.9	0.6	0.5
35–44	3.2	2.3	2.2	1.6
45–64	15.8	13.5	9.0	7.2
65–74	64.0	51.8	34.3	26.5
75+	120.4	137.4	105.6	101.6

* Social Commentary; Social Trends, No. 3, 1972. Central Statistical Office.

The Teesside rates are above the national rates for both sexes in every age group except the under fourteens and over seventy-fives. The discrepancy is generally greatest for males and is most marked for both sexes between the ages of 45 and 74. This suggests that a possible explanation lies in the working environment and perhaps smoking habits.

Standardised Mortality Ratios

It is not possible to compare directly the age specific rates for particular disease groups because of the small number of deaths in many age groups. The standardised mortality ratio is, therefore, used. This is the ratio of the number of deaths occurring in Teesside to the number which would be expected if the England and Wales age specific rates applied. Thus a ratio above 1 indicates a higher mortality rate in Teesside than nationally.

Standardised mortality ratios, 1971 and 1972

Cause	Males		Females	
	1971	1972	1971	1972
All causes	1.10	1.15	1.02	1.12
Heart diseases	1.14	1.11	1.08	1.26
Malignant neoplasm— lung, bronchus	1.35	1.13	1.15	1.13
Other neoplasms	1.15	1.12	1.16	1.22
Cerebrovascular and other diseases of the circulatory system	1.08	1.09	0.99	0.94
Bronchitis and emphysema	0.77	1.09	0.79	1.00
Pneumonia and influenza	0.97	1.47	0.63	1.15
Accidents and other external causes	1.47	1.25	1.08	1.20

The low ratios in the respiratory disease groups invite comment.

The ratio for pneumonia and influenza may fluctuate widely depending on the severity of the winter and the extent to which particular areas are affected by 'epidemics'. This factor might also be expected to have an effect on the bronchitis and emphysema ratio. The latter ratio has never fallen below 1.02 for males in the previous four years, and calculated for the period 1968-1970 is 1.14. The 1971 figure is thus remarkably low.

Lung cancer, which has had a persistently high mortality rate in males in Teesside, had in 1971 its highest ratio since 1968, although the 1972 figure showed some improvement. The rates almost certainly reflect a continuing high level of cigarette smoking in Teesside and the effect of the 'urban factor' which has been seen in most studies of mortality rates. It is disappointing that the lung cancer ratio for females, which has previously been below the national average, rose above it in 1971 and 1972.

Infant Mortality

The infant mortality rate rose from 19.7 in 1970 to 20.2 in 1971 and then sharply to 22.6 in 1972. This reverses the steady reduction in Teesside's rate towards the national average, which has been taking place over the past decade. It is largely accounted for by the increase in the illegitimacy rate and, especially, the increasing proportion of births to younger mothers. Mortality rates for infants born to mothers under 20 and in the 20-24 years age group were respectively 35.5 and 21.5 per thousand in 1971, compared with the overall rate of 20.2 that year.

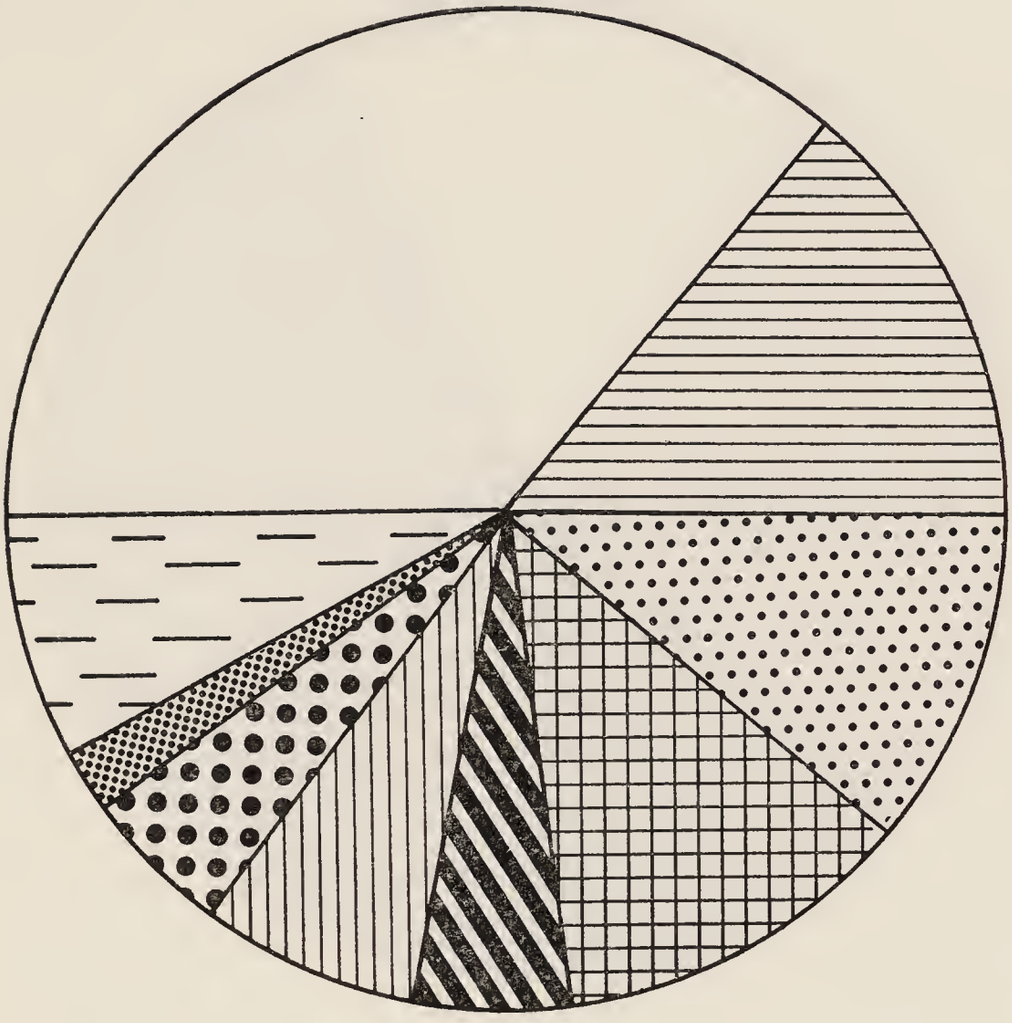
Conclusion

Overall mortality rates in Teesside are typical of a heavily industrialised urban community. It has become increasingly clear, however, that this overall picture makes great differences within Teesside. The mortality risk of the lower socio-economic groups living in the inner urban areas is far greater than that of the suburban residents. A whole range of factors, such as poor and overcrowded housing, low incomes and lack of education are responsible for this lowered life expectancy. It is by improving these conditions that the inequality between demographic areas will be reduced, and Teesside's mortality rates brought into line with national standards.

Figure A

Proportion of deaths from specified causes in Teesside County Borough

1971 Males



Heart diseases 36%

Diseases of circulatory system 14%

Malignant neoplasm – lung, bronchus 11%

Other malignant neoplasms 12%

Pneumonia & influenza 5%

Bronchitis & emphysema 7%

Accidents & other external causes 5%

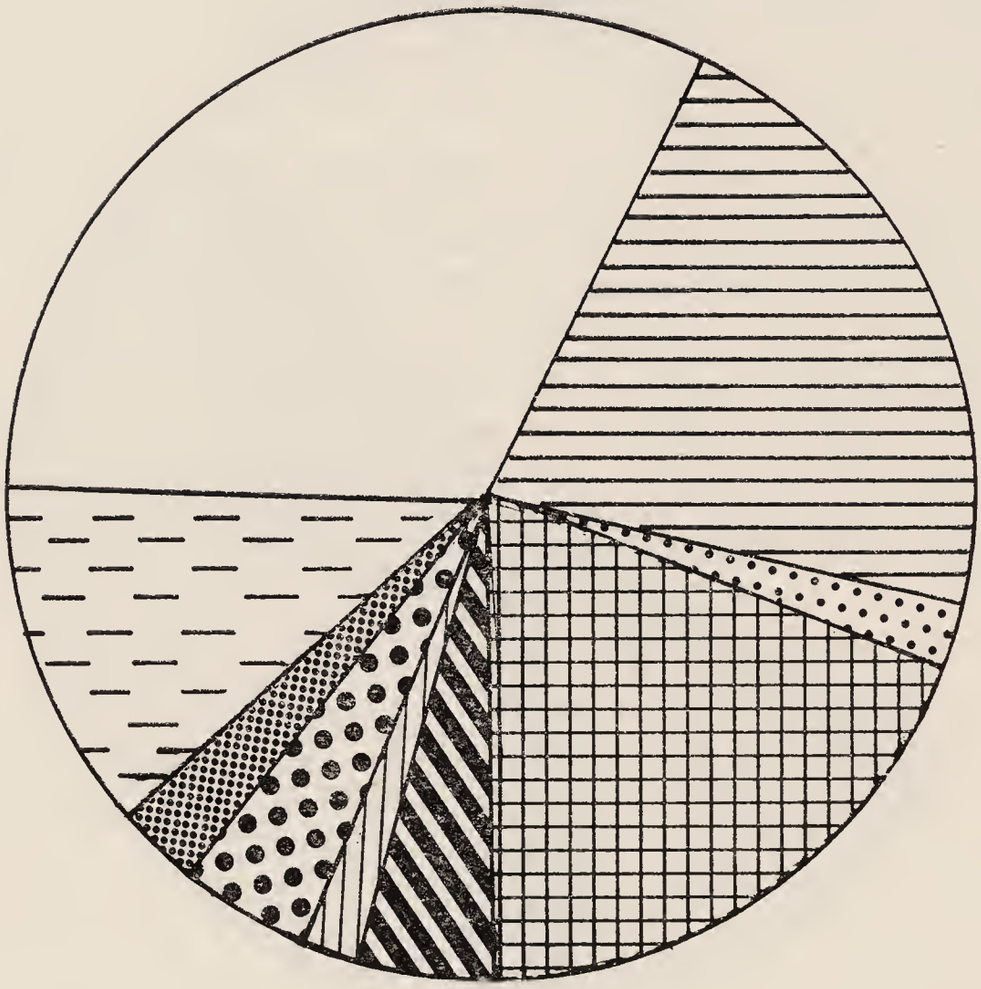
Diseases of digestive system 2%

All other causes 8%

Figure B

Proportion of deaths from specified causes in Teesside County Borough.

1971 Females.



Heart disease 32%

Diseases of circulatory system 21%

Malignant neoplasm – lung, bronchus 2%

Other malignant neoplasms 19%

Pneumonia & influenza 5%

Bronchitis & emphysema 2%

Accidents & other external causes 4%

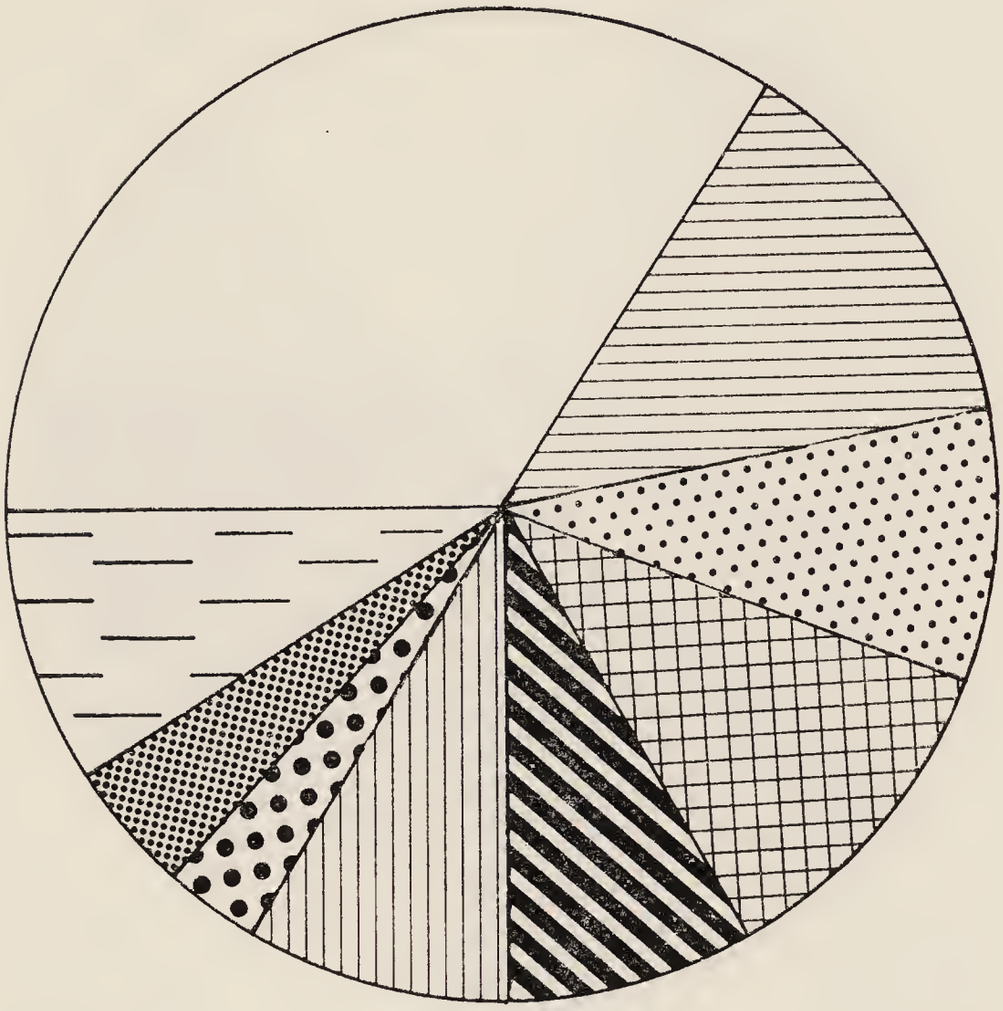
Diseases of digestive system 3%

All other causes 12%

Figure C

Proportion of deaths from specified causes
in Teesside County Borough

1972 Males



Heart disease
34%

Diseases of circulatory system
13%

Malignant neoplasm – lung, bronchus
9%

Other malignant neoplasms
11%

Pneumonia & influenza
8%

Bronchitis & emphysema
9%

Accidents & other external causes
3%

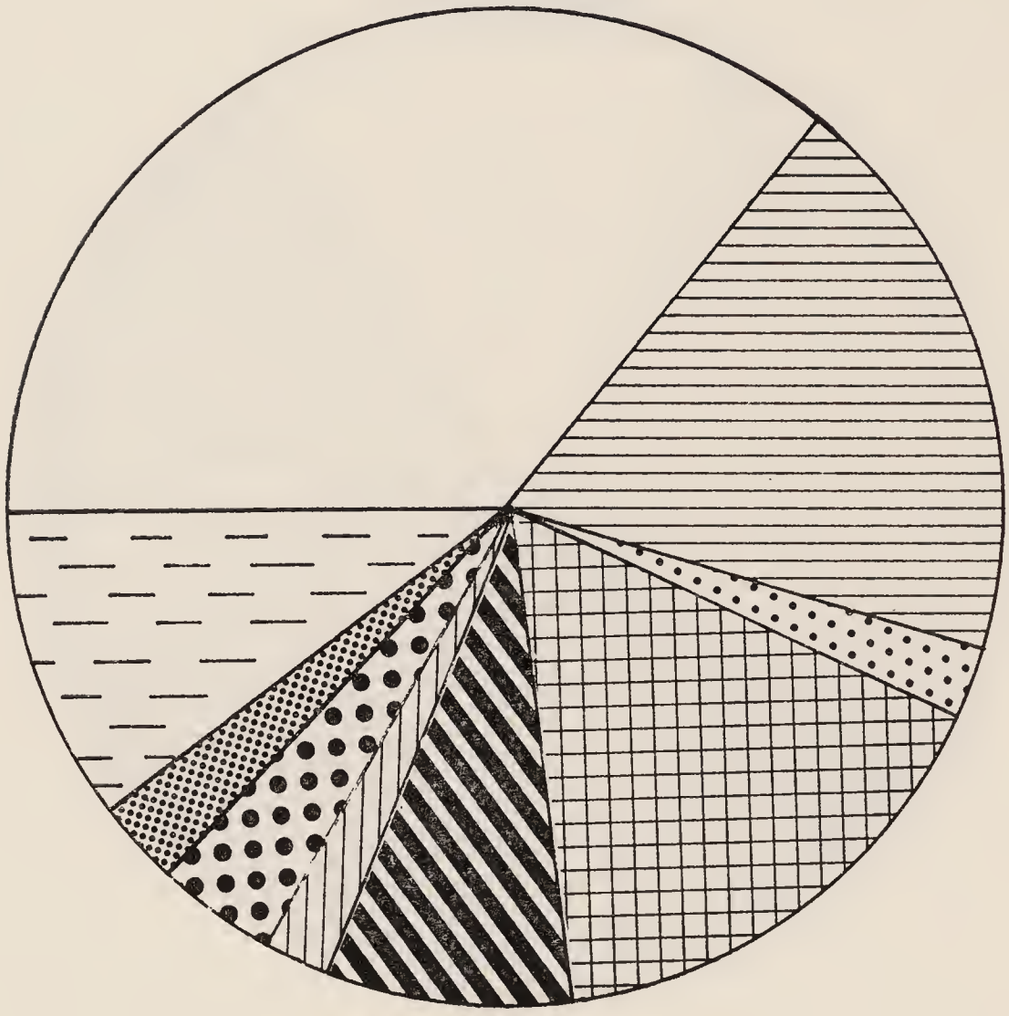
Diseases of digestive system
4%

All other causes
9%

Figure D

Proportion of deaths from specified causes in Teesside County Borough

1972 Females



Heart disease 36%

Diseases of circulatory system 19%

Malignant neoplasm – lung, bronchus 2%

Other malignant neoplasms 16%

Pneumonia & influenza 8%

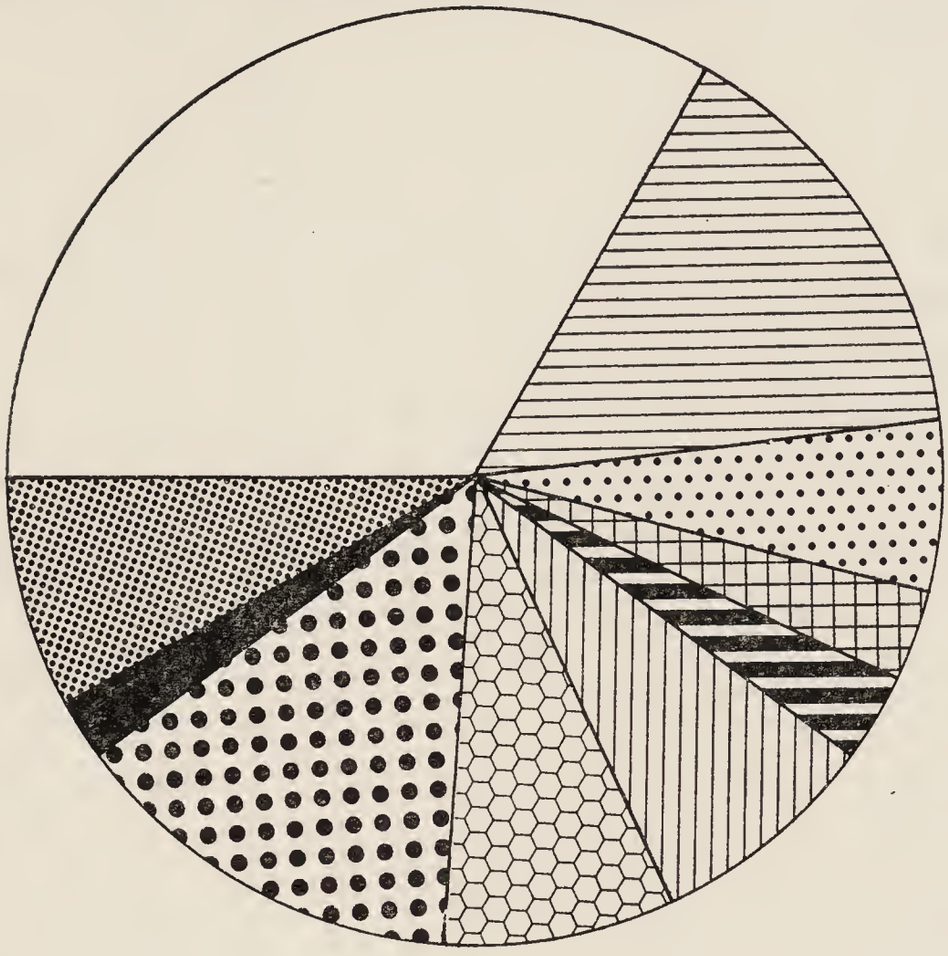
Bronchitis & emphysema 2%

Accidents & other external causes 4%

Diseases of digestive system 3%

All other causes 10%

Figure E
Expenditure of the Health Department
Financial year 1972-1973



Ambulance 33%

Administrative 15%

Clinics 6%

Health Centres 3%

Family Planning 3%

Midwifery 8%

Health Visiting 8%

Home Nursing 14%

Chiropody 2%

Others 8%

Table 1 Numbers of deaths by cause, in sex and age groups

Cause of Death	Sex	All Ages	Under 4 wks	4 wks –1 yr.	Age in years 1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over
Tuberculosis of respiratory system	M	11	–	–	–	–	–	–	–	1	5	3	2
	F	3	–	–	–	–	–	–	–	–	–	2	1
Late effects of respiratory T.B.	M	3	–	–	–	–	–	–	–	–	–	2	1
	F	–	–	–	–	–	–	–	–	–	–	–	–
Meningococcal infection	M	1	–	1	–	–	–	–	–	–	–	–	–
	F	–	–	–	–	–	–	–	–	–	–	–	–
Measles	M	1	–	–	–	1	–	–	–	–	–	–	–
	F	–	–	–	–	–	–	–	–	–	–	–	–
Syphilis and its sequelae	M	5	–	–	–	–	–	–	–	1	2	–	2
	F	1	–	–	–	–	–	–	–	–	–	–	1
Other infective and parasitic diseases	M	1	–	–	–	–	–	–	–	–	1	–	–
	F	4	–	–	–	–	1	–	2	–	–	–	1
Malignant neoplasm, buccal cavity, etc.	M	8	–	–	–	–	–	–	–	1	1	1	5
	F	5	–	–	–	–	–	–	–	1	1	1	2
Malignant noeplasm oesophagus	M	9	–	–	–	–	–	–	1	2	1	4	1
	F	6	–	–	–	–	–	–	–	–	–	1	5
Malignant neoplasm, stomach	M	55	–	–	–	–	–	–	7	3	12	18	15
	F	35	–	–	–	–	–	–	2	3	7	10	13
Malignant neoplasm, intestine	M	49	–	–	–	–	1	–	5	4	11	14	14
	F	61	–	–	–	–	–	1	1	8	8	24	19
Malignant neoplasm, larynx	M	4	–	–	–	–	–	–	–	1	–	2	1
	F	2	–	–	–	–	–	–	–	–	1	–	1
Malignant neoplasm, lung, bronchus	M	196	–	–	–	–	–	–	3	30	66	73	24
	F	42	–	–	–	–	–	–	3	8	11	13	7
Malignant neoplasm, breast	M	1	–	–	–	–	–	–	–	–	–	1	–
	F	58	–	–	–	–	–	–	7	12	16	10	13
Malignant neoplasm, uterus	F	36	–	–	–	–	1	3	1	9	9	10	3
Malignant neoplasm, prostate	M	21	–	–	–	–	–	–	–	–	2	11	8
Leukaemia	M	12	–	–	–	1	1	1	1	1	3	3	1
	F	7	–	–	–	–	–	–	–	1	2	2	2
Other malignant neoplasms	M	104	–	–	1	3	1	6	6	17	19	37	14
	F	115	–	–	1	2	1	3	4	16	27	34	27
Benign and unspecified neoplasms	M	7	–	–	–	–	–	–	1	1	2	1	2
	F	4	–	–	1	–	1	–	–	1	–	1	–
Diabetes mellitus	M	6	–	–	–	–	–	–	–	–	2	4	–
	F	21	–	–	–	–	–	–	1	1	4	8	7
Avitaminoses, etc.	M	1	–	–	–	–	–	–	–	–	–	–	1
	F	–	–	–	–	–	–	–	–	–	–	–	–
Other endocrine etc. diseases	M	2	–	–	1	–	–	–	–	–	–	1	–
	F	7	1	–	–	–	–	–	1	–	–	–	5
Anaemias	M	2	–	–	–	–	–	–	–	–	1	1	–
	F	4	–	–	–	–	–	–	–	–	–	1	3
Other diseases of blood, etc.	M	–	–	–	–	–	–	–	–	–	–	–	–
	F	1	–	–	–	–	–	1	–	–	–	–	–
Mental disorders	M	4	–	–	–	–	–	–	–	–	–	2	2
	F	23	–	–	–	–	–	–	–	–	–	3	20
Meningitis	M	1	–	–	–	–	–	–	–	–	1	–	–
	F	1	–	–	–	–	–	–	–	–	1	–	–
Multiple sclerosis	M	3	–	–	–	–	–	–	–	1	2	–	–
	F	2	–	–	–	–	–	–	–	–	1	1	–
Other diseases of nervous system	M	19	–	–	–	–	2	1	1	–	3	6	6
	F	16	–	–	–	–	–	–	1	1	1	3	9
Chronic rheumatic heart disease	M	21	–	–	–	–	–	–	3	2	5	9	2
	F	39	–	–	–	–	–	–	3	4	10	12	10

Table 1 Numbers of deaths by cause, in sex and age groups – *continued*

Cause of Death	Sex	All Ages	Under 4 wks	4 wks –1 yr.	1-4	5-14	15-24	Age in years 25-34	35-44	45-54	55-64	65-74	75 and over
Hypertensive disease	M	19	–	–	–	–	–	–	–	2	7	4	6
	F	24	–	–	–	–	–	1	–	–	2	5	16
Ischaemic heart disease	M	665	–	–	–	–	–	1	19	84	160	230	171
	F	517	–	–	–	–	–	–	1	27	64	173	252
Other forms of heart disease	M	82	–	–	–	–	–	–	3	6	9	29	35
	F	145	–	–	–	–	–	–	–	10	11	31	93
Cerebrovascular disease	M	225	–	–	–	1	–	2	2	13	44	71	92
	F	306	–	–	–	–	–	1	3	17	22	88	175
Other diseases of circulatory system	M	77	–	–	–	–	–	–	2	5	6	27	37
	F	72	–	–	–	–	–	–	2	3	3	10	54
Influenza	M	5	–	–	–	–	1	–	–	–	–	1	3
	F	6	–	–	–	–	–	–	1	–	–	1	4
Pneumonia	M	171	1	3	5	2	1	–	3	8	18	45	85
	F	160	–	7	4	–	–	–	3	5	13	34	94
Bronchitis and emphysema	M	202	1	–	–	–	–	–	2	8	45	86	60
	F	50	–	–	–	–	–	–	3	3	6	15	23
Asthma	M	8	–	–	–	–	1	2	1	1	1	–	2
	F	8	–	–	–	–	1	1	–	2	1	2	1
Other diseases of respiratory system	M	16	–	4	–	–	–	–	–	1	4	5	2
	F	11	–	1	1	–	–	–	1	3	2	1	2
Peptic ulcer	M	27	–	–	–	–	–	–	–	6	3	13	5
	F	8	–	–	–	–	–	–	–	1	3	1	3
Intestinal obstruction and hernia	M	12	1	1	–	–	1	–	–	–	1	1	7
	F	10	1	–	–	–	–	–	–	1	2	2	4
Cirrhosis of liver	M	13	–	–	–	–	–	–	3	4	2	3	1
	F	10	–	–	–	–	–	–	–	1	3	4	2
Other diseases of digestive system	M	19	–	1	–	–	–	1	3	3	5	4	2
	F	32	–	–	–	–	–	–	–	3	3	8	18
Nephritis and nephrosis	M	10	–	–	1	–	–	–	–	1	1	1	6
	F	3	–	–	–	–	–	–	–	–	–	1	2
Hyperplasia of prostate	M	10	–	–	–	–	–	–	–	–	–	2	8
Other diseases, genito-urinary system	M	5	–	–	–	–	–	–	1	–	–	2	2
	F	14	–	–	–	–	–	1	2	3	2	1	5
Other complications of pregnancy, etc.	F	2	–	–	–	–	2	–	–	–	–	–	–
Diseases of musculo-skeletal system	M	1	–	–	–	–	–	–	–	–	–	1	–
	F	10	–	–	–	–	–	1	–	2	3	1	3
Congenital anomalies	M	23	15	6	1	–	–	1	–	–	–	–	–
	F	18	8	5	–	1	1	–	–	1	2	–	–
Birth injury, difficult labour, etc.	M	23	22	1	–	–	–	–	–	–	–	–	–
	F	16	16	–	–	–	–	–	–	–	–	–	–
Other causes of perinatal mortality	M	21	21	–	–	–	–	–	–	–	–	–	–
	F	12	12	–	–	–	–	–	–	–	–	–	–
Symptons and ill defined conditions	M	11	–	5	–	–	–	–	–	–	2	1	3
	F	16	–	8	–	–	–	–	–	–	–	1	7
Motor vehicle accidents	M	38	–	–	1	2	13	5	3	2	8	4	–
	F	20	–	–	–	3	3	2	1	–	3	6	2
All other accidents	M	36	–	–	–	3	5	3	5	7	3	3	7
	F	48	1	2	–	1	2	1	2	1	2	6	30
Suicide and self-inflicted injuries	M	18	–	–	–	–	1	4	3	5	2	3	–
	F	10	–	–	–	–	1	–	2	2	1	2	2
All other external causes	M	7	–	–	–	1	–	–	–	2	3	–	1
	F	6	–	–	–	–	–	–	3	1	1	–	1
Total all causes	M	2,291	61	22	10	14	28	27	78	223	463	729	636
	F	2,026	39	23	7	7	14	16	50	151	248	529	942

Table 2 Notification of infectious diseases in Teesside 1972 classified according to age groups

Notifiable disease	Sex	At all ages	0–	1–	2–	3–	5–	10–	15-24	25+
Food poisoning	M	26	7	—	2	4	2	3	2	6
	F	24	2	1	1	—	1	1	4	14
Scarlet fever	M	40	—	1	—	9	22	7	1	—
	F	31	—	—	—	4	24	3	—	—
Measles	M	1242	81	197	146	340	466	8	4	—
(excluding rubella)	F	1199	82	188	141	332	446	8	1	1
Whooping cough	M	8	5	—	1	—	—	2	—	—
	F	10	2	1	1	4	—	1	1	—
Infective jaundice	M	42	—	—	—	2	4	5	10	21
	F	52	—	—	—	3	13	12	11	13
Dysentry	M	38	3	10	1	10	9	—	1	4
	F	29	3	2	5	7	3	2	3	4
Acute encephalitis	M	2	—	1	—	—	1	—	—	—
	F	2	—	—	—	—	—	1	1	—
Ophthalmia neonatorum	M	5	5	—	—	—	—	—	—	—
	F	2	2	—	—	—	—	—	—	—
Acute meningitis	M	13	—	3	1	2	3	1	1	2
	F	14	3	—	2	—	2	2	1	4
Pulmonary tuberculosis	M	67	—	—	1	—	7	2	10	47
	F	31	—	—	—	2	2	4	5	18
Other tuberculosis	M	10	—	—	—	1	—	—	1	8
	F	9	—	—	—	—	—	2	3	4
Diphtheria	M	1	—	1	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
Malaria	M	2	—	—	—	—	—	—	1	1
	F	—	—	—	—	—	—	—	—	—
Total	M	1496	101	213	152	368	514	28	31	89
	F	1403	94	192	150	352	491	36	30	58
Total both sexes		2899	195	405	302	720	1005	64	61	147

Table 3 Annual Return of Food Poisoning

General outbreak — Two or more unrelated cases due to a common cause.

Family outbreak — Two or more cases related or in a household due to the same cause.

Sporadic case — Single case not connected with any other cases.

CAUSATIVE AGENT	GENERAL OUTBREAKS		FAMILY OUTBREAKS		Sporadic Cases Notified or ascertained	Total Number of outbreaks and sporadic cases Columns (1+3+5)	Total number of cases Colums (2+4+5)
	Number of separate outbreaks	Number of cases notified or ascertained	Number of separate outbreaks	Number of cases notified or ascertained			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
S. typhimurium	—	—	7	18	9	16	27
Other salmonellae (a)	1	2	1	3	6	8	11
Cl. welchii	—	—	—	—	—	—	—
Staph aureus	—	—	—	—	—		—
Other causes (b)	—	—	—	—	—	—	—
Cause unknown	—	—	3	6	13	16	19
Total	1	2	11	27	28	40	57
Type of salmonellae	Details of food poisoning due to salmonellae other than S. typhimurium						
Heidelburg	—	—	—	—	1	1	1
Anatum	1	2	—	—	1	2	3
Panama	—	—	—	—	1	1	1
Infantis	—	—	—	—	1	1	1
Isangi	—	—	—	—	1	1	1
Manhatten	—	—	1	3	—	1	3
Indianna	—	—	—	—	1	1	1
Total	1	2	1	3	6	8	11

Table 4 Summary of notifications of tuberculosis 1972

Formal notifications

Number of primary notifications of new cases

Age Periods	0	1–	2–	5–	10–	15–	20–	25–	35–	45–	55–	65–	75–	Total
Respiratory														
males	–	–	1	7	2	4	6	8	6	10	13	6	4	67
females	–	–	2	2	3	5	1	2	8	3	2	1	2	31
Non-respiratory														
males	–	–	1	–	–	–	1	4	3	–	1	–	–	10
females	–	–	–	–	2	2	1	1	1	1	1	–	–	9
Total	–	–	4	9	7	11	9	15	18	14	17	7	6	117

In addition, the following posthumus notifications were received:–

Age Periods	0	1–	2–	5–	10–	15–	20–	25–	35–	45–	55–	65–	75–	Total
Respiratory														
males	–	–	–	–	–	–	–	–	–	–	–	1	1	2
females	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Non-respiratory														
males	–	–	–	–	–	–	–	–	–	–	–	–	–	–
females	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	–	–	–	–	–	–	–	–	–	–	2	1	3

Table 5 Dental services for expectant and nursing mothers and children under 5 years as at December 1972

Part A Attendance and treatment	Children 0–4 (incl.)	Expectant and nursing mothers
Number of visits for treatment during the year		
First visit	273	67
Subsequent visits	183	97
Total visits	456	164
Additional courses of treatment other than first course commenced during the year	10	9
Treatment provided during the year—fillings	331	136
Teeth filled	300	121
Teeth extracted	449	60
General anaesthetics given	155	3
Emergency visits by patients	68	10
Patients x-rayed	3	7
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	9	40
Teeth otherwise conserved	73	—
Teeth root filled	—	—
Inlays	—	—
Crowns	—	—
Courses of treatment completed during the year	209	49
Part B Prosthetics		
Patients supplied with FU of FL (first time)	—	4
Patients supplied with other dentures	—	4
Number of dentures supplied	—	13
Part C Anaesthetics		
General anaesthetics administered by dental officers	41	
Part D Inspections		
Patients given first inspections during the year	453	73
Patients who required treatment	296	69
Patients who were offered treatment	295	67
Patients re-inspected during the year	21	—
Part E Dental Officer sessions (i.e. equivalent completed half days) devoted to maternity and child health patients		
For treatment	104	
For health education	—	

Table 6 Vaccination of persons under age 16 completed during 1972

(a) Completed Primary Courses — Persons under age 16

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1972	1971	1970	1969	1965-1968		
1. Quadruple DTPP	–	–	–	–	–	–	
2. Triple DTP	15	3385	401	34	7	–	3842
3. Diphtheria/Pertussis	–	–	–	–	–	–	
4. Diphtheria/Tetanus	2	111	55	74	182	22	446
5. Diphtheria	–	–	1	–	–	–	1
6. Pertussis	–	–	–	–	–	–	
7. Tetanus	–	–	1	1	1	3794	3797
8. Salk	–	–	–	–	–	–	
9. Sabin Polio	21	3493	458	112	252	40	4376
10. Measles	1	1702	1018	92	119	6	2938
11. Lines 1+2+3+4+5 (Diphtheria)	17	3496	457	108	189	22	4289
12. Lines 1+2+3+6 (Whooping Cough)	15	3385	401	34	7	–	3842
13. Lines 1+2+4+7 (Tetanus)	17	3496	457	109	190	3816	8085
14. Lines 1+8+9 (Polio)	21	3493	458	112	252	40	4376

(b) Reinforcing Doses — Persons under age 16

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1972	1971	1970	1969	1965-1968		
1. Quadruple DTPP	–	–	–	–	–	–	
2. Triple DTP	–	78	45	20	71	3	217
3. Diphtheria/Pertussis	–	–	–	–	–	–	
4. Diphtheria/Tetanus	–	8	15	48	3312	293	3676
5. Diphtheria	–	–	–	1	5	10	16
6. Pertussis	–	–	–	–	–	–	
7. Tetanus	–	–	1	4	51	88	144
8. Salk	–	–	–	–	–	–	
9. Sabin Polio	–	83	69	56	3196	6608	10012
10. Lines 1+2+3+4+5 (Diphtheria 1a)	–	86	60	69	3388	306	3909
11. Lines 1+2+3+6 (Whooping Cough)	–	78	45	20	71	3	217
12. Lines 1+2+4+7 (Tetanus)	–	86	61	72	3434	384	4037
13. Lines 1+8+9 (Polio)	–	83	69	56	3196	6608	10012

(c) Rubella

Number of girls vaccinated between their 11th and 14th birthday . . .	2766

Table 7 Tuberculin test and BCG vaccinations for year ending 31st December 1972

Persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act.

A. Contacts (circular 19/64)

(i)	Skin tested	734	
(ii)	Found positive	112	
(iii)	Found negative	622	
(iv)	Vaccinated	580	
(v)	Babies vaccinated at birth	104	

B. School children and students (circular 19/64)
excluding those known to have received BCG vaccination already

(i)	Skin tested	4589	
(ii)	Found positive	96	(P3 and 4)
(iii)	Found negative	4493	(including 242, P1 and 93, P2)
(iv)	Vaccinated	4382	

Note: Section B statistics for 1972 are approximately one-third of those for 1971 as an enlarged schools vaccination programme encompassing three school years was conducted in 1971.

Table 8 **Premature Births 1972**

Weight at birth	Premature Live Births												Premature stillbirths	
	Born in horspital				Born at home or in a nursing home									
					Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died			Born	
		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	at home or in a. nursing home
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1. 2lb 3oz or less	18	11	5	1					1	1			11	
2. Over 2lb 3oz up to and including 3lb 4oz	35	5	6	3					1		1		5	4
3. Over 3lb. 4oz up to and including 4lb 6oz	95	8	11	1					2		1		9	1
4. Over 4lb 6oz up to and including 4lb 15oz	112	1	3										11	
5. Over 4lb 15oz up to and including 5lb 8oz	241	1	5		1								8	
6. Total	501	26	30	5	1				4	1	2		44	5

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